Market Rate Summary Graph (per 8CCR, Article 5.7)
Includes payments for P&I and Cost & Sanctions

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
47448	8/16/11 - 1/24/13	2/15/13	$ 406.50	Board Appearance, C&R Reading, P&I's + Cost & Sanctions	$ 774.92	CS-426276	2/11/13	SCIF
42663	2/16/11 - 1/24/13	2/11/13	$ 156.50	Board Appearance + P&I's	$ 211.69	3000195263	2/11/13	Republic Indemnity
40196	9/14/10 - 11/15/11	12/9/11	$ 202.02	Board Appearance + P&I's	$ 202.02	CT-283019	12/7/11	SCIF
39077	10/20/2010 - 8/24/11	10/20/11	$ 150.00	Diagn. Study + P&I's	$ 188.00	0088789673	10/11/11	Gallagher Bassett
51894	2/16/12 - 1/24/13	1/24/13	$ 156.50	Depo Prep, P&I's + Cost & Sanc.	$ 307.56	DA69272762	1/31/13	ACE/ESIS
41519	1/5/11 - 1/24/13	1/29/13	$ 156.50	Board Appearance, P&I's + Cost & Sanc.	$ 373.50	CS-424843	1/31/13	SCIF
43566	3/16/11 - 12/20/12	1/24/13	$ 337.50	Diagn. Study (MRA 4.5 hrs) + P&I's	$ 443.11	0002329939	1/17/13	Crum & Forster
37345	4/16/10 - 2/21/12	3/30/02	$ 1,789.50	Initial, 2 PR-2's, Depo Prep, Depo Review, P&S, 2 Board Appearance, C&R Reading + P&I's	$ 156.50	506817	7/27/10	Ins. Co. of the West
					$ 840.00	0000838669	10/8/10	
					$ 1,240.04	0000242638	1/18/13	
			TOTAL AMT PAID =>		**$ 2,236.54**			
48910	10/4/11 - 12/20/12	1/14/13	$ 150.00	Diagn. Study (MRI) + P&I's	$ 187.50	0002317226	1/5/13	Crum & Forster

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
51878	2/14/12 - 12/27/12	1/14/13	$ 313.00	2 Board Appearances + P&I's	$ 156.50	CS-373569	4/24/12	SCIF
					$ 192.41	CS-420518	1/10/13	
			TOTAL AMT PAID =>		**$ 348.91**			
45354	6/7/11 - 7/5/12	7/20/12	$ 469.50	3 Board Appearances + P&I's	$ 156.50	CU-817128	7/14/11	SCIF
					$ 346.19	CU-918448	7/18/12	
			TOTAL AMT PAID =>		**$ 502.69**			
41288	12/27/10 - 12/6/12	1/9/13	$ 230.00	P&S + P&I's	$ 305.95	0002313942	1/3/13	Crum & Forster
40461	11/16/10 - 9/23/11	2/3/12	$ 156.50	Board Appearance + P&I's	$ 196.25	190108	1/31/12	Illinois Midwest
42605	2/18/11 - 2/17/12	3/2/12	$ 150.00	Diagn. Study (MRI) + P&I's	$ 190.65	541528	2/29/12	Alaska National
27346	9/21/01 - 7/9/12	8/6/12	$ 4,059.50	2 Initials, 7 PR-2's, 5 Diagn. Studies, Depo Prep, Depo Review, P&S, 2 Board Appearances, + P&I's	$ 2,500.00	FE44242939	6/18/12	ACE/ESIS
					$ 4,152.53	FE44400869	8/1/12	
			TOTAL AMT PAID =>		**$ 6,652.53**			

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
38306	8/9/10 - 6/18/12	6/18/12	$ 1,049.50	Depo Prep, Depo Review, PR-2, Diagn Study (MRI), C&R Reading,	$ 156.50	0032362480	3/14/12	Sedgwick
					$ 1,400.00	0035034822	7/9/12	
			TOTAL AMT PAID =>		**$ 1,556.50**			
42049	1/19/11 - 6/5/12	6/25/12	$ 469.50	2 Board Appearances + P&I's	$ 603.39	73698	6/20/12	ACME/ Mathis Bros. Furniture
30315	4/22/08 - 6/20/12	6/25/12	$ 2,185.50	Initial, 2 PR-2's, 2 Depo Prep, 2 Depo Review, 5 Board Appearance, P&I's - Cost & Sanc.	$ 1,197.65	30501362	2/6/09	Chartis
					$ 563.00	15082178	10/1/10	
					$ 1,113.36	21142483	6/20/12	
			TOTAL AMT PAID =>		**$ 2,874.01**			
48133	9/7/11 - 5/15/12	6/25/12	$ 469.50	3 Board Appear + P&I's	$ 504.03	92452	6/21/12	Kennan & Assoc.
39486	10/20/10 - 5/29/12	7/18/12	$ 450.00	3 Diagn. Studies (MRI'S) + P&I's	$ 566.17	55672	7/13/12	American Claims
49177	10/10/11 - 5/10/12	6/26/12	$ 168.75	Diagn. Study (MRI 2hr 10min)	$ 206.45	141747	6/20/12	Corvel
27112	8/8/07 - 6/25/12	7/19/12	$ 3,559.50	3 Initials, 4 Diagn. Studies, 3 Shockwave Tx., 3 PR-2's, Psych. Eval, P&S, Depo Prep, Depo Review, 2 Board Appearances, P&I's + Cost & Sanc.	$ 156.50	000904089	7/26/11	Novapro Risk
					$ 156.50	0009045183	9/15/11	
					$ 6,175.97	000904817	7/17/12	
			TOTAL AMT PAID =>		**$ 6,488.97**			

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
35490	10/14/09 - 6/7/12	7/20/12	$ 1,126.00	Depo Prep, Depo Review, 3 Board Appearances, C&R Reading + P&I's	$ 250.00	2702400	4/20/11	Church Mutual
					$ 156.50	2702404	4/20/11	
					$ 567.30	2874432	7/14/12	
			TOTAL AMT PAID =>		**$ 1,223.80**			
38066	7/21/10 - 8/28/12	8/17/12	$ 156.50	Board Appearance	$ 218.88	8813774750	8/10/12	Farmers
23287	10/11/06 - 10/24/11	11/1/11	$ 1,864.50	2 Initals, Depo Prep, Depo Review, 2 C&R Readings, Diagn. Study (Sleep study), 3 Board Appearances, P&I's + Cost & Sanc.	$ 78.25	896D68559903	11/14/08	Travelers & Gallagher Bassett
					$ 156.50	0066505866	10/2/08	
					$ 78.25	0067744569	12/2/08	
					$ 78.25	0069381846	2/23/09	
					$ 2,638.10	896D79196246	10/28/11	
			TOTAL AMT PAID =>		**$ 3,029.35**			
40199	9/23/10 - 10/13/11	11/4/11	$ 406.50	Depo Prep, Depo Review + P&I's	$ 517.24	CU-853844	11/2/11	SCIF
30273	4/16/08 - 8/9/11	11/15/11	$ 3,225.25	3 Initials, 9 PR-2's, Depo Prep Depo Review, P&S, C&R Reading + P&I's	$ 656.50	2010740114	8/30/11	Specialty Risk Svc.
					$ 4,077.85	2013659326	11/9/11	
			TOTAL AMT PAID =>		**$ 4,734.35**			

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
45152	5/26/11 - 2/24/12	4/23/12	$ 150.00	Diagn. Study (MRI) + P&I's	$ 186.39	5092491	4/18/12	Corvel/PSM
37584	5/27/10 - 6/25/12	6/28/12	$ 969.50	3 Depo Preps, Depo Review, C&R Reading + P&I's	$ 719.50	2616181	2/21/11	First Comp.
					$ 469.35	2717761	6/28/12	
			TOTAL AMT PAID =>		**$ 1,188.85**			
41532	1/18/11 - 6/4/12	9/15/13	$ 306.50	Diagn. Study (Ultrasound) Board Appearance + P&I's	$ 353.72	CP-592361	7/2/12	SCIF
38817	10/1/10 - 10/16/12	10/29/12	$ 806.50	Depo Prep, Depo Review, Diagn. Study (MRI), C&R Reading + P&I's	$ 1,072.31	01321112	10/25/12	Sedgwick
42885	9/16/09 - 10/3/12	11/5/12	$ 719.50	Depo Prep, Depo Review, 2 Board Appearances + P&I's	$ 563.00	FE42655980	5/25/11	ACE/ESIS
					$ 206.26	FE44725472	11/5/12	
			TOTAL AMT PAID =>		**$ 769.26**			
48199	9/1/11 - 6/8/12	10/29/12	$ 406.50	Depo Prep, Depo Review + P&I's	$ 503.51	310482	10/23/12	First Comp.
34032	5/11/09 - 12/20/12	1/8/13	$ 963.00	Depo Prep, Depo Review, C&R Reading, Board Appearance, P&I's + Cost & Sanc.	$ 1,549.32	22703136	1/1/13	Chartis

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
43016	3/3/11 - 5/23/12	7/9/12	$ 410.00	Initial, PR-2 + P&I's	$ 478.34	118506	7/9/12	American Claims
30417	4/29/08 - 6/19/12	7/6/12	$ 2,016.50	Initial, 4 PR-2's, Diagn. Study (NCV), 2 Shockwave Tx., P&S, P&I's + Cost & Sanc.	$ 3,500.00	200779618	7/2/12	Sedgwick
51625	2/10/12 - 8/2/12	8/17/12	$ 813.00	Depo Prep, Depo Review, C&R Reading, Board Appearance + P&I's	$ 971.97	0033627141	8/13/12	Sedgwick
08331	6/5/02 - 7/15/05	10/24/11	$ 1,180.00	Initial, 4 Re-evals, P&S, 3 Diagn. Studies, lien filing fee + P&I's	$ 1,658.83	25311	10/17/11	Everest National
35003	8/25/09 - 6/22/11	8/2/11	$ 2,019.50	2 Initials, 2 PR-2's, P&S, Depo Prep, Depo Review, 2 Board Appearances, C&R Reading + P&I's	$ 2,310.83	2300536757	7/26/11	Specialty Risk Svc.
33411	3/10/09 - 3/6/12	8/17/12	$ 2,440.00	2 Initials, 11 PR-2's + P&I's	$ 180.00	1620318224	8/11/09	Zurich
					$ 180.00	101634585	8/26/09	
					$ 90.00	1620323155	10/27/09	
					$ 90.00	1100617804	11/19/09	
					$ 90.00	1100655511	12/22/09	
					$ 180.00	1100749623	3/16/10	
					$ 90.00	1100797085	4/23/10	
					$ 90.00	1100835138	5/27/10	
					$ 90.00	1100840895	6/2/10	
					$ 90.00	110870043	6/28/10	
					$ 2,085.44	110899054	8/13/12	
			TOTAL AMT PAID =>		$ 3,255.44			

Invoice	Service Date(s)	Invoice Date	Principle Amt	Type of Svc(s)	Total Paid Amt	Check No.	Check Date	Payment Authority
39233	10/26/2010	11/4/2011	$ 291.65	Initial & P&I	$ 291.65	00030726610	11/1/2011	Sedgwick Claims
39552	11/4/10 - 12/08/10	10/20/2011	$ 508.73	Depo Prep, Depo Review, P&I	$ 508.73	886749	10/12/2011	Star Insurance
37678	6/16/10 - 3/21/12	4/23/2012	$ 1,097.44	2 Initials, EMG&NCV, P&I	$ 1,097.44	0092905555	4/17/2012	Gallagher Bassett
30180	4/14/08 - 3/18/09	10/20/2011	$ 1,839.64	Initial, 6 PR-2, MRI, Psych Test, P&I	$ 1,839.64	896D 79090727	10/10/2011	Travelers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/15/13	47448

Claim # : 05234132
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: JAY FOWLER
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs FOC PRECAST SOLUTION
Date Of Injury: 11/27/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/16/11	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
05/04/12	PENALTIES	FOR DATE OF SERVICE 8/16/11	23.48
05/04/12	INTEREST	FOR DATE OF SERVICE 8/16/11	13.90
08/10/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
01/24/13	PENALTIES	FOR DATE OF SERVICE 8/16/11	23.48
01/24/13	INTEREST	FOR DATE OF SERVICE 8/16/11	26.97
01/24/13	PENALTIES	FOR DATE OF SERVICE 8/10/12	37.50
01/24/13	INTEREST	FOR DATE OF SERVICE 8/10/12	43.09
01/24/13	COSTS & SANC	COST & SANT	200.00
02/11/13	PMT BY CHECK	DOS 8/16/11-1/24/13 # CS-426276	-774.92

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: 330956713

Check #: **CS-426276**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

47448

Issue Date: 02/11/13
Doc #: 026207646

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05234132			
1		08/16/11	08/10/12	Medical Services	1		774.92
					Total Allowances:		**$774.92**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05234132	774.92	.00	774.92

The preceding invoice totals reflect the amount reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork. Charges that are either denied payment or found in excess of the amount allowed are objected to for the above reasons. You may contact us at the address and phone number listed if there is an issue regarding payment.

F.F.
ok
CA

Notations:
05234132 FULL & FINAL;

0
PAID FEB 15 2013

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

01290907026207646012

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/11/13	42663

Claim # : R00007871
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
REPUBLIC INDEMNITY (ENCINO)
W.C. DEPARTMENT
ATTN: MABELETTO BERMACK
P.O. BOX # 20036
ENCINO, CA 91416-0036

Case: vs MOLA SEWING
Date Of Injury: 6/28/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/11	WCAB LB	MSC (OTOC)	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
05/12/11	PENALTIES	FOR DATE OF SERVICE 2/16/11	23.48
01/24/13	INTEREST	FOR DATE OF SERVICE 2/16/11	31.71
02/04/13	PMT BY CHECK	DOS 2/16/11-1/24/13 # 3000195263	-211.69

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

REPUBLIC INDEMNITY COMPANY OF CALIFORNIA
P.O. Box 20036
Encino, CA 91416
(818) 990-9860

Republic Indemnity

Date: 02/04/2013
Check #: 3000195263
Payment Amount: 211.69

002263 R3N7T1A
Joyce Altman Interpreters Inc
PO BOX 4165
TUSTIN CA 92781-4165

PAID FEB 11 2013

Invoice

Claim Number	Claimant Name	Number	Date	From Date	To Date	Billed Amount or Rate	Paid Amount	Explanation Code
R00007871	M	NA	01/31/2013	02/16/11	02/16/11	211.69	211.69	

Lien Settled By WCAB
Full & Final Settlement per Stip & Order

Total 211.69

42663

F-F, OK
IG

PLEASE DETACH BEFORE DEPOSITING CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
12/09/11	40196

Claim # : 04762788
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: MICHELLE JANZEN
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs MORROW PAINTING,INC.
Date Of Injury: 3/23/06

DOS	SERVICE	DESCRIPTION	AMOUNT
09/14/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
07/20/11	PENALTIES	FOR DATE OF SERVICE 9/14/10	23.48
11/15/11	INTEREST	FOR DATE OF SERVICE 9/14/10	22.04
12/07/11	PMT BY CHECK	DOS 9/14/10 # CT-283019	-202.02

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

> Prin. MR

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 3171
Suisun City, CA 94585-6171
(855)250-5678

Provider Number: 330956713

Check #: **CT-283019**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 12/07/11
Doc #: 023989675

Medical

401916

Line #	Bill ID.	DOS	Billed Proc.	Service Description	Units	Charges	Amount Reduced	Reduction Codes	Allowances
	Patient Name:				**Claim #:**	SA643229	**Date of Injury:**	09/21/04	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
1	SF1-SFCA-9294421	06/14/11	MDO10	Payment By Order	1	.00	.00		.00
2	SF1-SFCA-9294421	12/12/10	MDO10	Payment By Order	1	503.86	53.86	961	450.00
								Subtotal:	**450.00**
	Patient Name: [redacted]				**Claim #:**	04762788	**Date of Injury:**	03/23/06	
	ICD-9 Code:999.9 COMPLIC MED CARE NEC/NOS								
3	SF1-SFCA-9295317	09/14/10	MDO10	Payment By Order	1	.00	.00		.00
4	SF1-SFCA-9295317	09/14/10	MDO10	Payment By Order	1	202.02	.00	961	202.02
								Subtotal:	**202.02**
							Total Allowances:		**$652.02**

0137548302398967501 2

PAID

Please refer to the last page(s) of EOR for an explanation of reduction codes and reviewer comments.

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU!

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http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

THIS IS WATERMARKED PAPER — HOLD TO LIGHT TO VERIFY WATERMARK

17482010

State Compensation Insurance Fund

Medical
NT

Bakersfield District Office
P.O. Box 3171
Suisun City, CA 94585-6171

CT-283019
Union Bank
Los Angeles, California

90-4150
1222

Payee IRS Number: 330956713

VOID After 365 Days

Check Date	Check Amount
December 07, 2011	**$*******652.02**

PAY ****Six Hundred Fifty-Two and 02/100 Dollars****ONLY

To The
Order Of JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/20/11	39077

Claim # : 003531-016292-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (SCOTTSDALE)
W.C. DEPARTMENT
ATTN: VICKY DOMINGO
PO BOX 10849
SCOTTSDALE, AZ 85271

Case: vs CROTHALL SVCS.
Date Of Injury: 6/10/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/10	MRI	REF BY DR ROZENZURIG: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
08/24/11	PENALTIES	FOR DATE OF SERVICE 10/20/10	22.50
08/24/11	INTEREST	FOR DATE OF SERVICE 10/20/10	15.50
10/11/11	PMT BY CHECK	DOS 10/20/10-8/24/11 # 0088789673	-188.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

003531 PAGE 1 OF 1 004199

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

BY:

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003531 016292 WC 01 (C1562)
CLAIMANT:
DESCRIPTION: INV# 39077; DOS 10/20/10 & 8/24/11
DATES OF SERVICE: 20Oct2010 **THRU** 24Aug2011
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 10Jun10

NO.: 0088789673
VN: 0000396278
DATE: 11Oct11
AMOUNT: 188.00

**

[redacted] DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004844 005544 002 002

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/24/13	51894

Claim # : 494C241669X
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON 6569)
W.C. DEPARTMENT
ATTN: ALLEN BUCKLESS
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs KOOSHAREM dba SELECT STAFFING
Date Of Injury: 12/27/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/16/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	NANCY SILVA # 22056879	0.00
03/26/12	PENALTIES	FOR DATE OF SERVICE 2/16/12	23.48
01/24/13	INTEREST	FOR DATE OF SERVICE 2/16/12	15.98
01/24/13	COSTS & SANC	COST & SANT	111.60
01/31/13	PMT BY CHECK	DOS 2/16/12-1/24/13 # DA69272762	-307.56

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-003244-01-01-00
ACE PROPERTY AND CASUALTY COMPANIES
PO BOX 6569
SCRANTON PA 18505-6569

DATE 01/31/13

CHECK NO. **DA69272762**

STATEMENT

ACE USA
Insurance Company of North America
ACE Property and Casualty Insurance Company
and Affiliated Insurers

5900A11DA 00 00903 DA69272762
JOYCE ALTMAN INTERPRETERS
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
494C241669X

DOLLARS
$*******307.56

* NOT NEGOTIABLE *

FOR
01/24/13 THRU 01/24/13 F&F

CLAIMANT
SI-894

DATE OF EVENT
12/27/10

Question with regard to this payment should be referred to your agent or the Customer Service Unit of the Claim Office whose address appears above.

F-F OK
CA

PAID FEB 04 2013

PDWLDMCD-003244-01-01-00

BOA18B (078/2009)

DETACH THIS PORTION BEFORE CASHING

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/29/13	41519

Claim # : 05354946
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE)
W.C. DEPARTMENT
ATTN: GABRIEL KOPERSKI
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs ARTICON DECORATIVE CONCRETE
Date Of Injury: 10/1/07

DOS	SERVICE	DESCRIPTION	AMOUNT
01/05/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
05/12/11	PENALTIES	FOR DATE OF SERVICE 1/5/11	23.48
01/24/13	INTEREST	FOR DATE OF SERVICE 1/5/11	31.71
01/24/13	COSTS & SANC	COST & SANT	161.81
01/31/13	PMT BY CHECK	DOS 1/5/11-1/24/13 # CS-424843	-373.50

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
1888STATEFUND

Provider Number: 330956713

Check #: **CS-424843**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/31/13
Doc #: 026155628

41519

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 05354946			
1		10/01/07	12/28/11	Medical Services	1		373.50
					Total Allowances:		**$373.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05354946	373.50	.00	373.50

The preceding invoice totals reflect the amount reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork. Charges that are either denied payment or found in excess of the amount allowed are objected to for the above reasons. You may contact us at the address and phone number listed if there is an issue regarding payment.

Notations:

05354946 REJECTED CLAIM FULL & FIN; AL;

F.F.

CA

PAID FEB 04 2013

0

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/24/13	43566

Claim # : DZC00474468
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER (ORANGE)
W.C. DEPARTMENT
ATTN: NANCY LOPEZ
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs EL SUPER
Date Of Injury: 03/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/16/11	MRI	& MRA - RT WRIST REF BY DR CHANIN (4.5 HRS)	337.50
/ /	INTERPRETER:	CLAR BONILLA # 500320	0.00
08/02/11	PENALTIES	FOR DATE OF SERVICE 3/16/11	50.63
12/20/12	INTEREST	FOR DATE OF SERVICE 3/16/11	54.98
01/17/13	PMT BY CHECK	DOS 3/16/11-12/20/12 # 0002329939	-443.11

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Number:
0002329939

CRUM&FORSTER

Vendor Number: 406680636 Issuing Location: Orange County Claims Check Date: 01/17/2013

Payee:

Joyce Altman Interpreters Inc
Po Box 4165
Tustin, CA 92781

IRS:

43566

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00474468	MC	406500929816500	05/03/2010	$443.11

PAID JAN 24 2013

TOTAL: $443.11

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: **N. Adam**

Internal Reference No: 40650

Please Detach Before Depositing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
01/23/13 37345

Claim # : WVE2162275-02
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: ATHENA ACREE
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs McDONALD'S
Date Of Injury: 4/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/10	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/12/10	PR2/REEVAL	DR HOSSAIN*	180.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/21/10	DEPO PREP	@ THE L/O OF DIETZ, GILMOR & ASSOC.	156.50
/ /	INTERPRETER:	PATRICIA LYNMAN # 100694	0.00
07/08/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/27/10	PMT BY CHECK	DOS 5/21/10 # 506817	-156.50
07/19/10	PR2/REEVAL	DR KATTAR* JASON RAMIREZ # 500371	180.00
08/23/10	P AND S	DR KATTAR* JASON RAMIREZ # 500371	230.00
10/08/10	PMT BY CHECK	DOS 4/16/10 THRU 7/19/10 # 0000838669	-840.00
03/01/11	PENALTIES	FOR DATE OF SERVICE 08/23/10	34.50
01/17/13	INTEREST	FOR DATE OF SERVICE 08/23/10	65.07
07/18/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
12/12/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
02/21/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
05/01/12	PENALTIES	FOR DATE OF SERVICE 7/18/11	23.48
01/17/13	INTEREST	FOR DATE OF SERVICE 7/18/11	28.06
05/01/12	PENALTIES	FOR DATE OF SERVICE 12/12/11	23.48
01/17/13	INTEREST	FOR DATE OF SERVICE 12/12/11	20.81
05/01/12	PENALTIES	FOR DATE OF SERVICE 02/21/12	37.50
01/17/13	INTEREST	FOR DATE OF SERVICE 02/21/12	27.65
06/04/10	PENALTIES	FOR DATE OF SERVICE 04/16/10	34.50
10/08/10	INTEREST	FOR DATE OF SERVICE 04/16/10	10.58

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/23/13	37345

Claim # : WVE2162275-02
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
INSURANCE CO. OF THE WEST (SD)
W.C. DEPARTMENT
ATTN: ATHENA ACREE
P.O. BOX # 85563
SAN DIEGO, CA 92186-5563

Case: vs McDONALD'S
Date Of Injury: 4/14/09

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/10	PENALTIES	FOR DATE OF SERVICE 05/12/10	27.00
10/08/10	INTEREST	FOR DATE OF SERVICE 05/12/10	8.28
06/04/10	PENALTIES	FOR DATE OF SERVICE 05/21/10	23.48
07/27/10	INTEREST	FOR DATE OF SERVICE 05/21/10	3.60
10/08/10	PENALTIES	FOR DATE OF SERVICE 07/08/10	37.50
10/08/10	INTEREST	FOR DATE OF SERVICE 07/08/10	8.82
10/08/10	PENALTIES	FOR DATE OF SERVICE 07/19/10	27.00
10/08/10	INTEREST	FOR DATE OF SERVICE 07/19/10	5.73
01/18/13	PMT BY CHECK	DOS 4/16/10-2/21/12 # 0000242638	-1240.04

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

MAIL TO

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Claim# : 1010-09-02267
DOI : 04-14-09
Invoice# : 37345
From : 05-21-10

Claimant Name:
Trans# : 238235 Oper: CCC EX#: AQ
Payee IRS# : 33-0956713
Thru : 05-21-10

02 MISC MEDICAL
FOR DEPO PREP INTERPRETING 156.50

TOTAL PAID: $156.50

PAID

THIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH DARKER AREAS BOTH TOP AND BOTTOM

INSURANCE COMPANY OF THE WEST
P.O. BOX 85563
SAN DIEGO, CALIFORNIA 92186-5563

BANK OF AMERICA, NT & SA
SAN DIEGO COMMERCIAL BANKING GROUP 1450
450 B STREET, SUITE 100, SAN DIEGO, CA 92101

16-65
1220

CHECK DATE 07-27-10

CHECK NUMBER **506817**

*****$156.50**

PAY ■ ONE HUNDRED FIFTY-SIX DOLLARS AND FIFTY CENTS **********

TO THE ORDER OF *JOYCE ALTMAN INTERPRETERS INC*

PAY ONLY $156.50 U.S. CURRENCY

VOID AFTER SIX MONTHS

LOSS DATE	SYM	POLICY	MOD	EX	CLAIM NUMBER	INSD	ATKA ENTERPRISES, INC.
04-14-09	WVE	2162275-02		AQ	1010-09-02267	CLMT	

COMMENTS

AUTHORIZED SIGNATURE

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 10/08/2010
Check Number: 0000838669
Check Amount: $840.00

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, TVEB1Y

00046 JOP1ZS01 1Z 6300011326-6300289952

JOYCE ALTMAN INTERPRETERS
PO BOX 1460
TUSTIN, CA 92781-1460

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-02267		04/14/2009	37345	02	04/16/2010	07/19/2010	$840.00

Cat	SubPC	Stub Notes	Stub Amount
02		MISC MEDICAL	$840.00
		4/16,5/12,7/8,7/19/10	$0.00
		@DR HOSSAIN, DEPO REVIEW, DR KATTAR	$0.00
			$840.00

PAID

Insurance Company of the West
11455 El Camino Real
San Diego, CA 92130-2045

Check Date: 01/18/2013
Check Number: 0000242638
Check Amount: $1,240.04

7H4P1B

Sign up today for Electronic Funds Transfer (EFT). ICW Group now uses JopariPay to speed payments directly to your bank account. Visit icw.jopari.net and sign up by entering your registration code, 7H4P1B

00267 JOP1ZS01 1Z 6300016349-6300486183

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

37345

Payment Summary

Claim #	Claimant	Date of Injury	Invoice #	Payment Type	From	Through	Total Amount
1010-09-02267		04/14/2009	LIEN	43	04/16/2010	02/21/2012	$1,240.04

Cat	SubPC	Stub Notes	Stub Amount
43		MISC EXPENSE	$1,240.04
		IN FULL SATISFACTION OF LIEN	$0.00
			$1,240.04

a

PAID JAN 23 2013

F.F.

CA

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/14/13	48910

Claim # : INJ0523017901
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER (L.A.)
W.C. DEPARTMENT
ATTN: JOHN WHITE
725 S. FIGUEROA # 2300
LOS ANGELES, CA 90017

Case: vs EL SUPER
Date Of Injury: 12/29/09-12/29/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/04/11	MRI	-REF BY DR AHMED @ ALLIED INT	150.00
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
02/22/12	PENALTIES	FOR DATE OF SERVICE 10/4/11	22.50
12/20/12	INTEREST	FOR DATE OF SERVICE 10/4/11	15.22
01/05/13	PMT BY CHECK	DOS 10/4/11-12/20/12 # 0002317226	-187.72

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Number:
0002317226

CRUM&FORSTER

Vendor Number: 406680636 Issuing Location: **Orange County Claims** Check Date: 01/05/2013

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin, CA 92781

IRS:

48910

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00497473	MC		03/31/2011	$187.72

Full and Final Lien Resolution

F.F.W
NDJ

PAID JAN 14 2013

TOTAL: $187.72

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: **C. Arias**

Internal Reference No:

Please Detach Before Depositing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/14/13	51878

Claim # : 01477868
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE)
W.C. DEPARTMENT
ATTN: HENRY ANDRADE
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: vs BELLA PIZZA VILLA
Date Of Injury: 6/9/04

DOS	SERVICE	DESCRIPTION	AMOUNT
02/14/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
04/12/12	WCAB LB	TRIAL -JOHANNA JORDAN #100793	156.50
04/24/12	PMT BY CHECK	DOS 2/14/12 # CS-373569	-156.50
12/27/12	PENALTIES	FOR DATE OF SERVICE 04/12/12	23.48
12/27/12	INTEREST	FOR DATE OF SERVICE 04/12/12	12.43
01/10/13	PMT BY CHECK	DOS 2/14/12-12/27/12 # CS-420518	-192.41

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pineadale, CA 95650-5005
(951)697-7300

Provider Number: 330956713

Check #: CS-373569

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 04/24/12
Doc #: 024640061

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name		**Claim #:** 01477868		
1	51878	02/14/12	02/14/12	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01477868	156.50	.00	156.50

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:
01477868 INV #51878;

APR 26 2012

BY:.....

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Explanation of Review (EOR)

State Compensation Insurance Fund
PO BOX 65005
Fresno, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CS-420518**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 01/10/13
Doc #: 026030691

51878

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 01477868		
1	FULL&FINAL	02/14/12	12/27/12	Medical Services	1		192.41
					Total Allowances:		**$192.41**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01477868	192.41	.00	192.41

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

Notations:
01477868 FULL&FINAL; CLOSED CLAIM;

F. F. misc

PAID JAN 14 2013

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

0128983902603069101 2

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/20/12	45354

Claim # : 01378779
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (SUISUN CITY)
W.C. DEPARTMENT
ATTN: ALYNN SINGLENTON
P.O. BOX # 3171
SUISUN CITY, CA 94585-6171

Case: vs EL GALLO GIRO
Date Of Injury: 9/5/03

DOS	SERVICE	DESCRIPTION	AMOUNT
06/07/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
07/14/11	PMT BY CHECK	DOS 6/7/11 # CU-817128	-156.50
01/10/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/04/12	WCAB LB	TRIAL - JOHANNA JORDAN #100793	156.50
06/27/12	PENALTIES	FOR DATE OF SERVICE 1/10/12	23.48
07/05/12	INTEREST	FOR DATE OF SERVICE 1/10/12	9.71
07/18/12	PMT BY CHECK	DOS 1/10/12-7/5/12 # CU-918448	-346.19

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65003
Pinedale, CA 93650-5003
(855)250-5678

Provider Number: 330956713

Check #: **CU-817128**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/14/11
Doc #: 023190043

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:		**Claim #:** 01378779		
1	45354 08572 Ø	06/07/11	06/07/11	Interpreter fees	1		156.50
					Total Allowances:		**$156.50**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01378779	156.50	.00	156.50

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

PAID

0126843023190043012

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CU-918448**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/18/12
Doc #: 025050005

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:		**Claim #:** 01378779			
1	45354	01/10/12	06/04/12	Interpreter fees	1		346.19
					Total Allowances:		**$346.19**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
01378779	346.19	.00	346.19

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

PAID
JUL 20 2012
BY: .....

0128406002505000501 2

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payment. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling_Regulations.htm

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/09/13	41288

Claim # : PZC00453568; PZC00460275
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CRUM & FORSTER (ORANGE)
W.C. DEPARTMENT
ATTN: SUSAN WALTS
P.O. BOX # 14217
ORANGE, CA 92863

Case: vs SIGUE CORPORATION
Date Of Injury: 11/30/09; 3/1/10

DOS	SERVICE	DESCRIPTION	AMOUNT
12/27/10	P AND S	DR AMIR @ ADVANCE CARE*	230.00
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
06/03/11	PENALTIES	FOR DATE OF SERVICE 12/27/10	34.50
12/06/12	INTEREST	FOR DATE OF SERVICE 12/27/10	41.45
01/03/13	PMT BY CHECK	DOS 12/27/10-12/6/12 # 0002313942	-305.95

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Number:
0002313942

CRUM&FORSTER

Vendor Number: 408698501 Issuing Location: Orange County Claims Check Date: 01/03/2013

Payee:

Joyce Altman Interpreters, Inc
PO Box 4165
Tustin, CA 92781

IRS:

41288

CLAIMANT	CLAIM #	FEA/DT	ICN	DATE OF LOSS	AMOUNT
	PZC00460275	MC		03/01/2010	$305.95

full and final

PAID JAN 09 2013

TOTAL: $305.95

F.F. / CA

Send Inquiries to:
P.O. Box 14217
Orange, CA 92863

Processor: **J. Burton**

Internal Reference No:

Please Detach Before Depositing

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
02/03/12	40461

Claim # : 0213856-TSIWD7
W.C.A.B.:
ADJ # :
S.S.N. : - -
D.O.B. :
Terms : 45 days

BILL TO:
MIDWEST INS (SPRINGFIELD,IL)
W.C. DEPARTMENT
ATTN: DEVIN SCHLUTER
P.O. BOX # 13369
SPRINGFIELD, IL 62791-3369

Case: vs APPAREL MASTERS, INC.
Date Of Injury: ct 10/1/08-12/18/09

DOS	SERVICE	DESCRIPTION	AMOUNT
11/16/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
09/23/11	PENALTIES	FOR DATE OF SERVICE 11/16/10	23.48
09/23/11	INTEREST	FOR DATE OF SERVICE 11/16/10	16.27
01/31/12	PMT BY CHECK	DOS 11/16/10-9/23/11 # 190108	-196.25

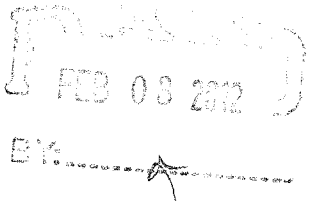
BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
APPAREL MASTERS, INC
Claimant

Check No:	190108
Check Amt:	$196.25
Check Date:	01/31/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0213856-TSIWD7
Date of Loss:	08/18/2009
Adjuster:	Hanlon, Michael
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	11/16/2010 To: 09/23/2011
Invoice No:	40461



Payable Comment

ILLINOIS MIDWEST INSURANCE AGENCY, LLC

INSURED
APPAREL MASTERS, INC
Claimant

Check No:	190108
Check Amt:	$196.25
Check Date:	01/31/2012
Claimant:	
Soc. Sec. No:	
Claim No:	0213856-TSIWD7
Date of Loss:	08/18/2009
Adjuster:	Hanlon, Michael
Payee Name:	JOYCE ALTMAN INTERPRETERS, INC
Payment Type:	Other Legal
Service Dates:	11/16/2010 To: 09/23/2011
Invoice No:	40461

Payable Comment

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
03/02/12	42605

Claim # : EG323-00
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ALASKA NATIONAL INS. (SAN FR)
W.C. DEPARTMENT
ATTN: RAMY ALDANA
P.O. BOX # 193970
SAN FRANCISCO, CA 94119-3970

Case: vs COLONIAL GARDENS
Date Of Injury: 8/30/10

DOS	SERVICE	DESCRIPTION	AMOUNT
02/18/11	MRI	REF BY DR AUN: BIL WRISTS*	150.00
/ /	INTERPRETER:	TITO SILVA # 500272	0.00
02/17/12	PENALTIES	FOR DATE OF SERVICE 2/18/11	22.50
02/17/12	INTEREST	FOR DATE OF SERVICE 2/18/11	18.15
02/29/12	PMT BY CHECK	DOS 2/18/11-2/17/12 # 541528	-190.65

BALANCE 0.00

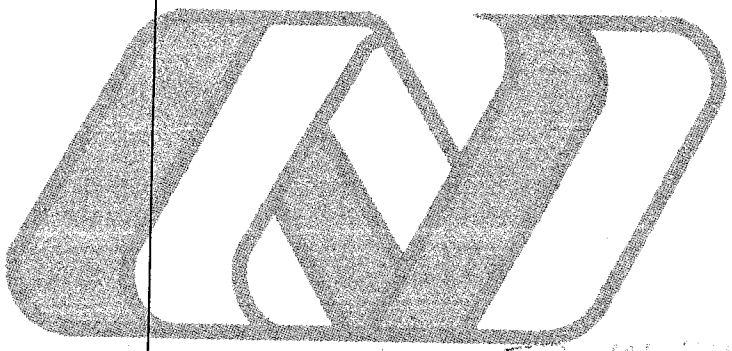
* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

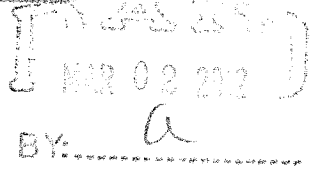
ALASKA NATIONAL INSURANCE COMPANY
601 California Street, Suite 1000, San Francisco,
(415) 248-5030

CHECK NUMBER	541528
TAX ID #	33-0956713

CLAIM NO. POLICY NO.	CLAIMANT ACCIDENT DATE	INSURED REASON FOR PAYMENT	AMOUNT PAY TYPE
00 EG323-00 10C WS 40177	04/24/2010	SANITARIUM, INC. #42605 DOS 021811	190.65 MINTRP

2-29-12





PLEASE DETACH AND RETAIN FOR YOUR RECORDS

CHECK AMOUNT: 190.65

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
08/06/12 27346

Claim # : 5639-345-000204-6
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON-6569)
W.C. DEPARTMENT
ATTN: MARIE THERESE ZOUAIN
P.O. BOX # 6569
SCRANTON, PA 18505

Case: ____ vs ABM CO.
Date Of Injury: 4/6/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/21/07	INITIAL EXAM	-DR BOYER*	230.00
11/05/07	PR2/REEVAL	-DR BOYER*	180.00
11/06/07	DEPO PREP	@ THE L/O OF GRANCELL & LEBOVITZ	156.50
11/01/07	NCV	-DIAGNOSTIC STUDY INTERP: U/E L/E*	125.00
11/01/07	EMG TESTING	-BY DR BLUSH - U/E, L/E*	125.00
11/29/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/19/07	INITIAL EXAM	-DR TERRENCE - PSYCH EVAL (4 HRS)	460.00
12/21/07	PR2/REEVAL	-DR BOYER*	180.00
02/01/08	PR2/REEVAL	-DR BOYER*	180.00
02/07/08	INITIAL EXAM	-DR WILLIAMS*	230.00
02/07/08	SHOCK WAVE	-THERAPY W/ TECH ALEX ALI*	150.00
02/28/08	SHOCK WAVE	THERAPY W/ TECH ALEX ALI*	150.00
02/27/08	P AND S	-DR TERRANCE - PSYCH EVAL (4 HRS)	460.00
02/26/08	NCT	DIAGNOSTIC STUDY INTERP: U/E, L/E*	150.00
03/12/08	PR2/REEVAL	DR BOYER*	180.00
06/02/08	PENALTIES	FOR DATE OF SERVICE 9/21/07	34.50
06/18/12	INTEREST	FOR DATE OF SERVICE 9/21/07	126.96
06/02/08	PENALTIES	FOR DATE OF SERVICE 11/6/07	23.48
06/18/12	INTEREST	FOR DATE OF SERVICE 11/6/07	84.12
06/02/08	PENALTIES	FOR DATE OF SERVICE 11/1/07	37.50
06/18/12	INTEREST	FOR DATE OF SERVICE 11/1/07	134.76
06/02/08	PENALTIES	FOR DATE OF SERVICE 11/29/07	37.50
06/18/12	INTEREST	FOR DATE OF SERVICE 11/29/07	132.57
06/02/08	PENALTIES	FOR DATE OF SERVICE 12/19/07	69.00
06/18/12	INTEREST	FOR DATE OF SERVICE 12/19/07	241.02
06/02/08	PENALTIES	FOR DATE OF SERVICE 2/7/08	34.50

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/06/12	27346

Claim # : 5639-345-000204-6
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON-6569)
W.C. DEPARTMENT
ATTN: MARIE THERESE ZOUAIN
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs ABM CO.
Date Of Injury: 4/6/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/12	INTEREST	FOR DATE OF SERVICE 2/7/08	116.89
06/02/08	PENALTIES	FOR DATE OF SERVICE 2/27/08	69.00
06/18/12	INTEREST	FOR DATE OF SERVICE 2/27/08	230.88
06/02/08	PENALTIES	FOR DATE OF SERVICE 2/26/08	22.50
06/18/12	INTEREST	FOR DATE OF SERVICE 2/26/08	75.33
06/12/08	PR2/REEVAL	-DR BOYER*	180.00
07/28/08	PR2/REEVAL	-DR BOYER*	180.00
09/26/08	PR2/REEVAL	DR BOYER* @ PAIN RELIEF	180.00
05/18/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
06/21/11	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
04/16/12	PENALTIES	FOR DATE OF SERVICE 11/05/07	27.00
06/18/12	INTEREST	FOR DATE OF SERVICE 11/05/07	96.81
04/16/12	PENALTIES	FOR DATE OF SERVICE 12/21/07	27.00
06/18/12	INTEREST	FOR DATE OF SERVICE 12/21/07	94.20
04/16/12	PENALTIES	FOR DATE OF SERVICE 02/01/08	27.00
06/18/12	INTEREST	FOR DATE OF SERVICE 02/01/08	91.82
04/16/12	PENALTIES	FOR DATE OF SERVICE 02/07/08	22.50
06/18/12	INTEREST	FOR DATE OF SERVICE 02/07/08	76.23
04/16/12	PENALTIES	FOR DATE OF SERVICE 02/28/08	22.50
06/18/12	INTEREST	FOR DATE OF SERVICE 02/28/08	75.24
04/16/12	PENALTIES	FOR DATE OF SERVICE 06/12/08	27.00
06/18/12	INTEREST	FOR DATE OF SERVICE 06/12/08	84.33
04/16/12	PENALTIES	FOR DATE OF SERVICE 07/28/08	27.00
07/09/12	INTEREST	FOR DATE OF SERVICE 07/28/08	82.91
04/16/12	PENALTIES	FOR DATE OF SERVICE 09/26/08	27.00
07/09/12	INTEREST	FOR DATE OF SERVICE 09/26/08	79.51
04/16/12	PENALTIES	FOR DATE OF SERVICE 05/18/10	23.48
07/09/12	INTEREST	FOR DATE OF SERVICE 05/18/10	39.59
04/16/12	PENALTIES	FOR DATE OF SERVICE 06/21/11	23.48
07/09/12	INTEREST	FOR DATE OF SERVICE 06/21/11	19.92

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/06/12	27346

Claim # : 5639-345-000204-6
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON-6569)
W.C. DEPARTMENT
ATTN: MARIE THERESE ZOUAIN
P.O. BOX # 6569
SCRANTON, PA 18505

Case: vs ABM CO.
Date Of Injury: 4/6/07

DOS	SERVICE	DESCRIPTION	AMOUNT
06/18/12	PMT BY CHECK	DOS 9/21/07-3/12/08 # FE44242939	-2500.00
07/09/12	INTEREST	FOR DATE OF SERVICE 9/21/07	0.66
07/09/12	INTEREST	FOR DATE OF SERVICE 11/05/07	0.02
07/09/12	INTEREST	FOR DATE OF SERVICE 11/01/07	0.92
07/09/12	INTEREST	FOR DATE OF SERVICE 11/29/07	0.92
07/09/12	INTEREST	FOR DATE OF SERVICE 12/19/07	3.64
07/09/12	INTEREST	FOR DATE OF SERVICE 12/21/07	0.02
07/09/12	INTEREST	FOR DATE OF SERVICE 02/01/08	0.02
07/09/12	INTEREST	FOR DATE OF SERVICE 02/07/08	0.66
07/09/12	INTEREST	FOR DATE OF SERVICE 02/27/08	3.64
06/18/12	PENALTIES	FOR DATE OF SERVICE 03/12/08	27.00
06/18/12	INTEREST	FOR DATE OF SERVICE 03/12/08	89.55
07/09/12	INTEREST	FOR DATE OF SERVICE 03/12/08	0.02
07/09/12	INTEREST	FOR DATE OF SERVICE 06/12/08	0.93
08/01/12	PMT BY CHECK	DOS 9/21/07-7/9/12 # FE44400869	-4152.53

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

PDWLDMCD-001971-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 06/18/12

CHECK NO. **FE44242939**

STATEMENT **ESIS**

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 00640 FE44242939
JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
5639345000204

DOLLARS
$******2,500.00

* NOT NEGOTIABLE *

FOR
09/21/07 THRU 03/12/08 INV#27346

CLAIMANT

DATE OF EVENT
04/06/07

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PDWLDMCD-001971-01-01-00

alicia, I let Jessica V. know. DOH. 7/19/12

PAID
JUL 23 2012
BY:

#27346

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 08/01/12

CHECK NO. **FE44400869**

STATEMENT **ESIS** 27346

An Insurance Services Company
ESIS, Inc.

5900C13FE 00 01010 FE44400869
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781

FILE ID
5639345000204

DOLLARS
$******4,152.53

* NOT NEGOTIABLE *

FOR
09/21/07 THRU 07/09/12 PTADJ623154

CLAIMANT

DATE OF EVENT
04/06/07

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

9.21.07

F. F.
CA

PAID
AUG 06 2012
BY:

PDWLDMCD-002574-01-03-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
06/18/12 38306

Claim # : YLR50098C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: ABIGAIL ECHANIQUE
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs AMERICAN APPAREL
Date Of Injury: 3/12/10

DOS	SERVICE	DESCRIPTION	AMOUNT
08/09/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
09/02/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
03/09/11	PENALTIES	FOR DATE OF SERVICE 08/09/10	23.48
06/18/12	INTEREST	FOR DATE OF SERVICE 08/09/10	34.47
03/09/11	PENALTIES	FOR DATE OF SERVICE 09/02/10	37.50
06/18/12	INTEREST	FOR DATE OF SERVICE 09/02/10	53.17
09/23/11	PR2/REEVAL	DR RIVAS @ PAIN RELIEF CTR*	180.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
11/29/11	MRI	-REF BY DR BOYER: RT KNEE*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/07/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
03/05/12	C&R READING	@ THE L/O OF DENNIS FUSI (BLOCK SETTLEMENT)	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/14/12	PMT BY CHECK	DOS 3/5/12 # 0032362480	-156.50
04/27/12	PENALTIES	FOR DATE OF SERVICE 9/23/11	27.00
06/18/12	INTEREST	FOR DATE OF SERVICE 9/23/11	16.39
04/27/12	PENALTIES	FOR DATE OF SERVICE 11/29/11	22.50
06/18/12	INTEREST	FOR DATE OF SERVICE 11/29/11	10.49
04/27/12	PENALTIES	FOR DATE OF SERVICE 2/7/12	23.48
06/18/12	INTEREST	FOR DATE OF SERVICE 2/7/12	7.49
06/18/12	COSTS & SANC	COST & SANT	251.03
07/09/12	PMT BY CHECK	DOS 8/9/10-6/18/12 # 0035034822	-1400.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/18/12	38306

Claim # : YLR50098C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: ABIGAIL ECHANIQUE
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs AMERICAN APPAREL
Date Of Injury: 3/12/10

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

DATE	CHECK AMT	CHECK NO.
03/14/2012	156.50	0032362480

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

006542 0032362480 00002 OF 00002 0AM 120314 1027

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

38806

Claimant Name	Loss Date	Claim Number	SSN
	03/12/2010	YLR C 50098	

Amt Paid: 156.50 Description:
Amt Billed: 156.50 Invoice: ICN: YLR C 50098
Dates: 03/05/2012 - 03/05/2012 Comment: interpreting

MAR 19 2012
BY:.....

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

Sedgwick Claims Management Services, Inc
PO Box 14153
Lexington, KY 40512-4153

DATE	CHECK AMT	CHECK NO.
07/09/2012	1,400.00	0035034822

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
600 Sedgwick Claims Management Services	001

*002796 0035034822 00001 OF 00001 OPM 120706 1445

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

PAID
JUL 13 2012
BY: a

38306

Claimant Name	Loss Date	Claim Number	SSN
	03/12/2010	YLR C 50098	

Amt Paid: 1400.00 Description: Doctor
Amt Billed: 1400.00 Invoice: ICN: 46614252.6
Dates: 03/12/2010 - 06/18/2012 Comment: Full and Final Lien Settlement Payment

Line Item
$251.03
C&S

f.f.
OA

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/25/12	42049

Claim # : 100000283
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ACME ADMINISTRATORS (TEM, CA)
W.C. DEPARTMENT
ATTN: CURTIS STEPHAN
27475 YNEZ RD., STE # 322
TEMECULA, CA 92591

Case: vs MATHIS BROTHERS FURNITURE
Date Of Injury: CT-8/24/09

DOS	SERVICE	DESCRIPTION	AMOUNT
01/19/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
06/09/11	WCAB LB	TRIAL (FULL DAY)	313.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
01/11/12	PENALTIES	FOR DATE OF SERVICE 01/19/11	23.48
06/05/12	INTEREST	FOR DATE OF SERVICE 01/19/11	25.79
01/11/12	PENALTIES	FOR DATE OF SERVICE 6/9/11	46.95
06/05/12	INTEREST	FOR DATE OF SERVICE 6/9/11	37.67
06/20/12	PMT BY CHECK	DOS 1/19/11-6/5/12 # 73698	-603.39

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Mathis Brothers Furniture

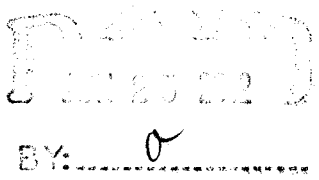
Check Number: 73698
Check Date: 06/20/2012
Check Amount: 603.39

Claimant:
Claim#: 10000283
For: Full & Final Satisfaction of Lien
From: 06/05/2012
Through: 06/05/2012

Incident Date: 08/24/2009
Payment Type: LANGUAGE
Invoice No:
Payment Amount: 603.39

4249

F-F. &
CA



Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/25/12	30315

Claim # : 710493318
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: KATRINA SWATHWOOD
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: , vs RANCHO FRAMING, INC.
Date Of Injury: 3/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
04/22/08	INITIAL EXAM	DR RAHIMIAN/DR AMERI*	230.00
05/29/08	PR2/REEVAL	DR RAHIMIAN/DR AMERI*	180.00
08/20/08	PENALTIES	FOR DATE OF SERVICE 4/22/08	34.50
02/06/09	INTEREST	FOR DATE OF SERVICE 4/22/08	22.46
09/25/08	DEPO PREP	@ THE L/O OF ADELSON, BRUNDO TESTAN	156.50
10/17/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/18/08	PR2/REEVAL	DR RAHIMIAN @ AMERI CHIRO*	180.00
01/05/09	DEPO PREP	@ THE L/O OF ADELSON & TESTAN	156.50
02/06/09	PMT BY CHECK	DOS 4/22/08 THRU 1/5/09 # 30501362	-1197.65
02/23/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
10/01/09	PENALTIES	FOR DATE OF SERVICE 02/23/09	37.50
10/01/10	INTEREST	FOR DATE OF SERVICE 02/23/09	47.65
11/16/09	WCAB LB	EXP. HEARING	156.50
07/09/10	PENALTIES	FOR DATE OF SERVICE 11/16/09	23.48
10/01/10	INTEREST	FOR DATE OF SERVICE 11/16/09	16.72
09/01/10	WCAB LB	STATUS CONFERENE JOYCE ALTMAN #300624	156.50
10/01/10	PMT BY CHECK	DOS 2/23/09 THRU 9/10/10 # 15082178	-563.00
08/22/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
11/21/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
02/13/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
04/11/12	PENALTIES	FOR DATE OF SERVICE 8/22/11	23.48
06/04/12	INTEREST	FOR DATE OF SERVICE 8/22/11	15.14
04/11/12	PENALTIES	FOR DATE OF SERVICE 11/21/11	23.48
06/04/12	INTEREST	FOR DATE OF SERVICE 11/21/11	10.65
04/11/12	PENALTIES	FOR DATE OF SERVICE 2/13/12	23.48

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/25/12	30315

Claim # : 710493318
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: KATRINA SWATHWOOD
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs RANCHO FRAMING, INC.
Date Of Injury: 3/31/08

DOS	SERVICE	DESCRIPTION	AMOUNT
06/04/12	INTEREST	FOR DATE OF SERVICE 2/13/12	6.51
02/06/09	PENALTIES	FOR DATE OF SERVICE 5/29/08	27.00
02/06/09	INTEREST	FOR DATE OF SERVICE 5/29/08	15.48
02/06/09	PENALTIES	FOR DATE OF SERVICE 9/25/08	23.48
02/06/09	INTEREST	FOR DATE OF SERVICE 9/25/08	7.59
02/06/09	PENALTIES	FOR DATE OF SERVICE 10/17/08	37.50
02/06/09	INTEREST	FOR DATE OF SERVICE 10/17/08	10.40
02/06/09	PENALTIES	FOR DATE OF SERVICE 12/18/08	27.00
02/06/09	INTEREST	FOR DATE OF SERVICE 12/18/08	3.97
02/06/09	PENALTIES	FOR DATE OF SERVICE 01/05/09	23.48
02/06/09	INTEREST	FOR DATE OF SERVICE 01/05/09	2.56
06/20/12	PMT BY CHECK	DOS 4/22/08-6/4/12 # 21142483	0.00
06/20/12	COSTS & SANC	COST & SANCT	225.00
06/20/12	PMT BY CHECK	DOS 4/22/08-6/20/12 # 21142483	-1113.36

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

AIG DOMESTIC CLAIMS, INC.
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LNS 001 5 7103050136200064373

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA 92781-4165

Remittance - No.: 30501362
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH RFP No.: 00064373
02/06/2009

Insured: RANCHO FRAMING INC
Claimant:
Producer:
ACT: 30315 042208-010509

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount	Total To Date
000001593582	00493318	01	03/31/2008	MED	O	$1,197.65	$10,593.28

PAID

Use file # 710-00493318 on all correspondence, for prompt processing.
For check information call: 800-736-6671

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 7101508217800676341

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA 92781-4165

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 15082178
RFP No.: 00676341
10/01/2010

Insured: RANCHO FRAMING INC
Claimant:
Producer:
022309-091010

Claim Office: 710

30315

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001593582	00493318	01	03/31/2008	EXP	O	$563.00

PAID

Use file # 710-00493318 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

[redacted]

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 9 7102114248300909644

a MR

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA 92781-4165

30315

Remittance - JOYCE ALTMAN INTERPRETERS INC
NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH

No.: 21142483
RFP No.: 00909644
06/20/2012

Insured: RANCHO FRAMING INC
Claimant:
Producer:
PER STIP ORDER

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000001593582	00493318	01	03/31/2008	MED	O	$1,113.36

4-22-08

for F.F.
CA

Use file # 710-00493318 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/25/12	48133

Claim # : 4394636
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
KEENAN & ASSOCIATES (TORRANCE)
W.C. DEPARTMENT
ATTN: MARK DIAMOND
P.O. BOX # 4328
TORRANCE, CA 90510

Case: vs HOAG MEMORIAL HOSP
Date Of Injury: 12/7/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/07/11	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
02/27/12	WCAB LB	RATING MSC	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
03/29/12	PENALTIES	FOR DATE OF SERVICE 9/7/11	23.48
03/29/12	INTEREST	FOR DATE OF SERVICE 9/7/11	11.05
05/15/12	WCAB LB	TRIAL - JOHANNA JORDAN # 100793	156.50
06/21/12	PMT BY CHECK	DOS 9/7/11-5/15/12 # 92452	-504.03

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

P4056028005

HOAG MEM HOSP PRESBYTERIAN W/C
KEENAN & ASSOCIATES
P.O. BOX 4328
TORRANCE, CA 90510

201206220107

Forwarding Service Requested

3-DIGIT 926
4855 0.3820 AT 0.371

Altman Interpreters Inc, Joyce 23
PO BOX 4165
TUSTIN, CA 92781-4165

Employer Name:	Hoag Hospital Newport Beach
Employer Address:	One Hoag Drive; P O Box 6100 Newport Beach, CA 92658-6100
Provider Tax ID:	330956713
Patient Acct No.:	
Dates of Service:	09/07/2011-05/15/2012
Check Date:	06/21/2012
Check Number:	92452
Check Amount:	504.03
DOI:	12/15/2007
Claim #:	430246
Claimant Name:	
Office:	Keenan Healthcare - Torrance
Stub Note Comment:	

ENV 4855 1 OF 1

EMPLOYEE NAME:	TOTAL AMOUNT:
	504.03

48133

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/18/12	39486

Claim # : 07000604
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: EMA PALENCIAS
P.O BOX 85251
SAN DIEGO, CA 92186

Case: vs WELD IT COMPANY
Date Of Injury: 4/8/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/20/10	MRI	REF BY DR CHANIN: LT SHLDR*	150.00
/ /	INTERPRETER:	JOSE GERRY LUGO # 500049	0.00
03/30/11	PENALTIES	FOR DATE OF SERVICE 10/20/10	22.50
03/30/11	INTEREST	FOR DATE OF SERVICE 10/20/10	8.55
04/11/11	MRI	REF BY DR CHANIN: LT ELBOW, WRIST & KNEE*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
04/22/11	MRI	REF BY DR CHANIN: RT KNEE, RT SHLDR*	150.00
/ /	INTERPRETER:	RICARDO AINSLIE # 500159	0.00
05/29/12	PENALTIES	FOR DATE OF SERVICE 4/11/11	22.50
05/29/12	INTEREST	FOR DATE OF SERVICE 4/11/11	20.32
05/29/12	PENALTIES	FOR DATE OF SERVICE 4/22/11	22.50
05/29/12	INTEREST	FOR DATE OF SERVICE 4/22/11	19.80
07/13/12	PMT BY CHECK	DOS 10/20/10-5/29/12 # 55672	-566.17

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

THIS CHECK IS VOID WITHOUT A GREEN & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK

Manufacturers Alliance Insurance Company

American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

Wachovia Bank of Delaware
Wilmington, DE

62-22
311

CHECK NO. 55672

DATE
07/13/2012

California Workers' Compensation Payment

Pay Five Hundred Sixty Six Dollars And 17/100 **********566.17

VOID AFTER 90 DAYS

TO THE ORDER OF

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

Scott Marshall

⑈005567 2⑈ ⑆031100225⑆ 2079951076921⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 55672

Check Date: 07/13/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
07000604		04/08/2010	Interpreting Fees	10/20/2010	05/29/2012	05/31/2012	39486	566.17

#39486

BY: _____

JUL 18 2012

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
06/26/12	49177

Claim # : 11-91308
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BARRETT BUSINESS SVC (SACRAM)
W.C. DEPARTMENT
ATTN: MARGERT LAWSON
P.O. BOX # 277550
SACRAMENTO, CA 95827

Case: vs AMERCICAN BEEF PACKERS
Date Of Injury: 12/15/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/10/11	MRI	REF BY DR VANDYKE:C/S;B/SHDLS @ CAL IMG (2H 10M)	168.75
/ /	INTERPRETER:	MARIA BARBOSA # 500267	0.00
05/10/12	PENALTIES	FOR DATE OF SERVICE 10/10/11	25.31
05/10/12	INTEREST	FOR DATE OF SERVICE 10/10/11	12.39
06/20/12	PMT BY CHECK	DOS 10/10/11-5/10/12 # 141747	-206.45

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

CORVEL CORPORATION
MEDCHECK DEPARTMENT
2355 GOLD MEADOW WAY, STE 100
GOLD RIVER, CA 95670

CORVEL

Bank Code= BBWC
11-24
1210(8)

CHECK NUMBER	CHECK DATE
141747	06/20/12

*******$206.45

PLEASE CASH IMMEDIATELY
VOID AFTER 180 DAYS

PAY EXACTLY: *Two hundred six and 45/100 Dollars*

PAY TO THE ORDER OF

JOYCE ALTMAN INTERPRETERS
PO Box 4165
Tustin, CA 92781

WELLS FARGO BANK PORTLAND, OR

⑈0000141747⑈ ⑆121000248⑆ 4121 5140 12⑈

\CH HERE

CORVEL

DETACH HERE

Explanation of Review

Employer
Patient:

Patient DOB:

Joyce Altman Interpreters
PO Box 4165
Tustin, CA 92781

Business Unit: BBSI/San Bernardino
Corvel Corporation
PO Box 277550
Sacramento, CA 95827

LOB: Workers' Compensation
Site/Bill #: 48/1433642 - 1
Reprice: CA, 92780
Billed Date: 06/02/2012
Business Rcvd: 06/04/2012
MBR Rcvd: 06/06/2012
MBR Date: 06/12/2012
Date Approved: 06/14/2012
DOS From - To: 10/10/2011 - 05/10/2012

Network:
Network Branch:
Sub Network:
Contract:
Claim Rep.:

Treating Provider:
Referring Physician:
Patient Control #: 49177
Provider Tax Id: 33-0956713

Claim #: 11-91308
Processor Initials: EL
DOI: 12/15/2010
RX Number:

Vendor #: 37865
PIN:
Payee Vendor Number :

Date	Code		Units	POS	Bill Charges	TOS	DXR	Reduction	Allowed Fees
10/10/11	T1013	SIGN LANGUAGE/ORAL INTEPR SERVICES PER 1	1	11	$168.75		1	$0.00	$168.75
05/10/12	99199	UNLISTED SPECIAL SERV/REPORT	1	11	$25.31		1	$0.00	$25.31
05/10/12	99199	UNLISTED SPECIAL SERV/REPORT	1	11	$12.39		1	$0.00	$12.39
Sub-Totals for Bill: 1433642					$206.45			$0.00	$206.45

Totals for Bill:1433642 $206.45

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/19/12 27112

Claim # : 6431201000155
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NOVAPRO RISK SOLUTIONS (TUST)
W.C. DEPARTMENT
ATTN: Alida Marraccino
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs WEITZ GOLD INTERNATIONAL
Date Of Injury: 9/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
08/08/07	INITIAL EXAM	DR NEMAT*	230.00
08/24/07	NCV	-DIAGNOSTIC STUDY INTERP: L/E	125.00
08/24/07	EMG TESTING	-BY DR ALTMAN: L/E*	125.00
09/04/07	MRI	-REF BY DR NEMAT - LT KNEE*	150.00
11/13/07	PR2/REEVAL	DR DANESH*	180.00
11/28/07	TESTING	NEURO MUSCULAR TESTING @ PAIN RELIEF CTR*	150.00
12/14/07	INITIAL EXAM	-DR TERRENCE - PSYCH EVAL (4 HRS)	460.00
12/20/07	NCT	DIAGNOSTIC STUDY INTERP: L/E*	150.00
01/28/08	INITIAL EXAM	DR WILLIAMS*	230.00
01/28/08	SHOCK WAVE	THERAPY W/ TECH ALEX ALI*	150.00
02/14/08	SHOCK WAVE	THERAPY W/ TECH ALEX ALI*	150.00
03/06/08	SHOCK WAVE	THERAPY W/ DR NEMAT*	150.00
03/06/08	PR2/REEVAL	-DR WILLIAMS*	180.00
04/03/08	PR2/REEVAL	-DR WILLIAMS*	180.00
04/09/08	P AND S	DR NEMAT*	230.00
06/26/08	PENALTIES	FOR DATE OF SERVICE 8/8/07	34.50
06/25/12	INTEREST	FOR DATE OF SERVICE 8/8/07	130.66
06/26/08	PENALTIES	FOR DATE OF SERVICE 8/24/07	37.50
06/25/12	INTEREST	FOR DATE OF SERVICE 8/24/07	140.76
06/26/08	PENALTIES	FOR DATE OF SERVICE 9/4/07	22.50
06/25/12	INTEREST	FOR DATE OF SERVICE 9/4/07	83.93
06/26/08	PENALTIES	FOR DATE OF SERVICE 12/14/07	69.00
06/25/12	INTEREST	FOR DATE OF SERVICE 12/14/07	242.76
06/26/08	PENALTIES	FOR DATE OF SERVICE 12/20/07	22.50
06/25/12	INTEREST	FOR DATE OF SERVICE 12/20/07	78.88
06/26/08	PENALTIES	FOR DATE OF SERVICE 1/28/08	34.50
06/25/12	INTEREST	FOR DATE OF SERVICE 1/28/08	118.12
06/26/08	PENALTIES	FOR DATE OF SERVICE 4/9/08	34.50
06/25/12	INTEREST	FOR DATE OF SERVICE 4/9/08	112.90

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/19/12	27112

Claim # : 6431201000155
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NOVAPRO RISK SOLUTIONS (TUST)
W.C. DEPARTMENT
ATTN: Alida Marraccino
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs WEITZ GOLD INTERNATIONAL
Date Of Injury: 9/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT
11/21/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
01/22/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
06/15/11	WCAB LB	MSC - ROSARIO PALMER # 100715	156.50
07/26/11	PMT BY CHECK	DOS 6/15/11 # 000904089	-156.50
08/29/11	WCAB LB	TRIAL - CARMEN GUZMAN #100585	156.50
09/15/11	PMT BY CHECK	DOS 8/29/11 # 0009045183	-156.50
05/01/12	PENALTIES	FOR DATE OF SERVICE 11/13/07	27.00
06/25/12	INTEREST	FOR DATE OF SERVICE 11/13/07	96.75
05/01/12	PENALTIES	FOR DATE OF SERVICE 11/28/07	22.50
06/25/12	INTEREST	FOR DATE OF SERVICE 11/28/07	95.90
05/01/12	PENALTIES	FOR DATE OF SERVICE 1/28/08	22.50
06/25/12	INTEREST	FOR DATE OF SERVICE 1/28/08	77.03
05/01/12	PENALTIES	FOR DATE OF SERVICE 2/14/08	22.50
06/25/12	INTEREST	FOR DATE OF SERVICE 2/14/08	76.23
05/01/12	PENALTIES	FOR DATE OF SERVICE 3/06/08	22.50
06/25/12	INTEREST	FOR DATE OF SERVICE 3/06/08	75.24
05/01/12	PENALTIES	FOR DATE OF SERVICE 4/03/08	27.00
06/25/12	INTEREST	FOR DATE OF SERVICE 4/03/08	88.70
05/01/12	PENALTIES	FOR DATE OF SERVICE 11/21/08	23.48
06/25/12	INTEREST	FOR DATE OF SERVICE 11/21/08	65.68
05/01/12	PENALTIES	FOR DATE OF SERVICE 1/22/09	37.50
06/25/12	INTEREST	FOR DATE OF SERVICE 1/22/09	100.03
06/04/12	PENALTIES	FOR DATE OF SERVICE 3/06/08	27.00
06/25/12	INTEREST	FOR DATE OF SERVICE 3/06/08	90.29
06/25/12	COSTS & SANC	COST & SANCT	768.63
07/17/12	PMT BY CHECK	DOS 8/8/07-6/25/12 # 000904817	-6175.97

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/19/12	27112

Claim # : 6431201000155
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
NOVAPRO RISK SOLUTIONS (TUST)
W.C. DEPARTMENT
ATTN: Alida Marraccino
P.O. BOX # 2422
TUSTIN, CA 92781

Case: vs WEITZ GOLD INTERNATIONAL
Date Of Injury: 9/12/06

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Bank of America
San Diego, CA

16-66/1220

NOVAPRO RISK SOLUTIONS
AS AGENT FOR ACIG
THE WEITZ COMPANY LLC

BRANCH: D201 FRE
NOVAPRO/ACIG
PO BOX 2422
TUSTIN, CA 92781
714/544-0980

CLAIM#: 6431 TWC 0000159
CLAIMANT:
LOSS DATE: 9/12/2006

PAYMENT AMOUNT: ******156.50**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000904183
ISSUE DATE: 9/15/2011

PAYMENT SETTLEMENT: SERVICES ON INV# 27112 08/29/2011-08/29/2011

PAID
SEP 20 2011
BY:.....

Bank of America
San Diego, CA

16-66/1220

NOVAPRO RISK SOLUTIONS
AS AGENT FOR ACIG
THE WEITZ COMPANY LLC

BRANCH: D201 FRE
NOVAPRO/ACIG
PO BOX 2422
TUSTIN, CA 92781
714/544-0980

CLAIM#: 6431 TWC 0000159
CLAIMANT
LOSS DATE: 9/12/2006

PAYMENT AMOUNT: ******156.50**
PAYEE NAME: JOYCE ~~ALTMAN~~ INTERPRETERS

CHECK#: 000904089
ISSUE DATE: 7/26/2011

PAYMENT SETTLEMENT: SERVICES ON INV# 27112 06/15/2011-06/15/2011

PAID

27112 -

Bank of America
San Diego, CA

16-66/1220

NOVAPRO RISK SOLUTIONS
AS AGENT FOR ACIG
THE WEITZ COMPANY LLC

BRANCH: D201 FRE
NOVAPRO/ACIG
PO BOX 2422
TUSTIN, CA 92781
714/544-0980

CLAIM#: 6431 TWC 0000159
CLAIMANT: [redacted]
LOSS DATE: 9/12/2006

PAYMENT AMOUNT: ****6,175.97**
PAYEE NAME: JOYCE ALTMAN INTERPRETERS

CHECK#: 000904817
ISSUE DATE: 7/17/2012

PAYMENT SETTLEMENT: FULL/FINAL LIEN RESOLUTION PER ORDER 08/08/2007-06/25/2012

F. F.

CA

PAID
JUL 19 2012
BY:.....

MP

#3 7/17

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/20/12	35490

Claim # : 1075271
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHURCH MUTUAL INS. (WI-357)
W.C. DEPARTMENT
ATTN: KATIE VALLIERE
P.O. BOX 357
MERRILL, WI 54452

Case: vs WILSHIRE BOULEVARD TEMPLE
Date Of Injury: 5/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
10/14/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
10/27/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/13/10	PENALTIES	FOR DATE OF SERVICE 10/14/09	23.48
08/13/10	INTEREST	FOR DATE OF SERVICE 10/14/09	12.72
08/13/10	PENALTIES	FOR DATE OF SERVICE 10/27/09	37.50
08/13/10	INTEREST	FOR DATE OF SERVICE 10/27/09	24.10
02/15/11	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
04/20/11	PMT BY CHECK	DOS 10/27/09 # 2702400	-250.00
04/20/11	PMT BY CHECK	DOS 2/15/11 # 2702404	-156.50
03/15/12	WCAB LB	STATUS CONFERENCE	156.50
/ /	INTERPRETER:	CARMEN GUZMAN # 100585	0.00
06/07/12	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
07/14/12	PMT BY CHECK	DOS 10/14/09-6/7/12 # 2874432	-567.30

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Detach before depositing - Please cash within 30 days

Account/Policy No.:	0179868-07-774432	Date of Check:	04/20/11
Claim No.:	1075271	Check No.:	2702400
Date of Loss:	05/01/08		

35490

Insured: WILSHIRE BOULEVARD TEMPLE
LOS ANGELES, CA 90010-2798

Claimant:

Description of Loss: rt hip, abdomen, sleep disorder, sexual dysfnctn

Church Mutual INSURANCE COMPANY
3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

Mail To: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID
APR 25 2011
BY:.....

The above check reflects payment for the following:

Payment:	$250.00	Patient No.:	ADJ68797980430
		Billing Ref. No.:	35490
		Service Dates:	10/27/09

MEDICAL - TT OR TPD

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Katie S. Valliere, Ext. 4747.

Control No: 2904676

Detach before depositing - Please cash within 30 days

Account/Policy No.:	0179868-07-774432	Date of Check:	04/20/11
Claim No.:	1075271	Check No.:	2702404
Date of Loss:	05/01/08		

35490

Insured: WILSHIRE BOULEVARD TEMPLE
LOS ANGELES, CA 90010-2798

Claimant:

Description of Loss: rt hip, abdomen, sleep disorder, sexual dysfnctn

Church Mutual INSURANCE COMPANY
3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

PAID
APR 25 2011
BY:----------

Mail To: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

The above check reflects payment for the following:

Payment:	$156.50	Billing Ref. No.:	35490
		Service Dates:	02/15/11

MEDICAL - TT OR TPD

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Katie S. Valliere, Ext. 4747.

Control No: 2904680

Church Mutual INSURANCE COMPANY
3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

Claim Check No. 2874432

79-7142
2915

Associated Bank
www.associatedbank.com

DATE	AMOUNT
07/14/12	$********567.30

VOID AFTER 180 DAYS

Pay Exactly
Five Hundred Sixty Seven Dollars and 30/100 Cents

Pay to the Order of JOYCE ALTMAN INTERPRETERS INC

Michael E. Rau
AUTHORIZED SIGNATURE

VOID VOID VOID

⑈2874432⑈ ⑆291571429⑆ 2173 325 412⑈

THE ORIGINAL DOCUMENT HAS A BLUE TOP VIEW WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT

Detach before depositing - Please cash within 30 days

Account/Policy No.:	0179868-07-774432	Date of Check:	07/14/12
Claim No.:	1075271	Check No.:	2874432
Date of Loss:	05/01/08		

35490

Insured: WILSHIRE BOULEVARD TEMPLE
LOS ANGELES, CA 90010-2798

Claimant:

Description of Loss: rt hip, abdomen, sleep disorder, sexual dysfnctn

Church Mutual INSURANCE COMPANY
3000 Schuster Lane
P.O. Box 342
Merrill, Wisconsin
54452-0342

Mail To: JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781-4165

PAID
JUL 20 2012
BY:

The above check reflects payment for the following:

Payment: $567.30

Billing Ref. No.: 35490
Service Dates: 10/14/09 To 06/07/12

MEDICAL - TT OR TPD
Nurse Case Manager

For questions concerning your claim, please call 1-800-554-2642. Select option 2 and enter my extension number; Katie S. Valliere, Ext. 4747.

Control No: 3079337

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/17/12	38066

Claim # : E2034383
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FARMERS INS. (OKLAHOMA-108843)
W.C. DEPARTMENT
ATTN: ANGEL IVIE
P.O. BOX# 108843
OKLAHOMA CITY, OK 73101

Case: vs VIP RUBBER INC.
Date Of Injury: 4/07

DOS	SERVICE	DESCRIPTION	AMOUNT
07/21/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
02/15/12	PENALTIES	FOR DATE OF SERVICE 7/21/10	23.48
08/28/12	INTEREST	FOR DATE OF SERVICE 7/21/10	38.90
08/10/12	PMT BY CHECK	DOS 7/21/10-8/28/12 # 8813774750	-218.88

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Farmers Work Comp Imaging Center
PO Box 108843
Oklahoma City OK 73101-8843

August 11, 2012

MID-CENTURY INSURANCE COMPANY

Check Number: 8813774750
Date: 08/10/2012

Amount: $218.88******

PAY NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE
NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE NON-NEGOTIABLE

To the order of
JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781

38064

Claimant/Patient:			
Insured:	VIP RUBBER COMPANY INC.		
Date of Loss:	04/01/2007	Claim Representative:	ANGEL IVIE
Claim Number:	E2034383	Office Phone Number:	7143853808
Correspondence Reference:	D2$PSBPWN		

Additional Information:
lien agreement If there are questions regarding the cashing of this check, please contact the Claims Handler at the toll free telephone number provided or claims office at the address on the check.

Service From/To	Payment For	Paid Amount
07/21/10 - 07/21/10	Interpreter	$218.88

F.F.

NDJ

PAID
AUG 17 2012
BY:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/01/11	23287

Claim # : CDA1578
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: GWYNETH BAKER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs AXSYS TECHNOLOGY
Date Of Injury: 2/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/11/06	INITIAL EXAM	DR AMERI*	230.00
03/13/07	PENALTIES	FOR DATE OF SERVICE 10/11/06	34.50
10/24/11	INTEREST	FOR DATE OF SERVICE 10/11/06	134.71
07/12/07	DEPO PREP	@ THE L/O OF BERNARD & ASSOC.	147.00
08/02/07	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
12/03/07	INITIAL EXAM	DR HERIC*	230.00
01/28/08	DIAGNSTUDY	POLYSOMNOGRAPHY REF BY DR HERIC (3 HRS)	225.00
02/21/08	WCAB LB	MSC	156.50
07/16/08	PENALTIES	FOR DATE OF SERVICE 7/12/07	22.05
10/24/11	INTEREST	FOR DATE OF SERVICE 7/12/07	73.41
07/16/08	PENALTIES	FOR DATE OF SERVICE 8/2/07	37.50
10/24/11	INTEREST	FOR DATE OF SERVICE 8/2/07	123.19
07/16/08	PENALTIES	FOR DATE OF SERVICE 2/21/08	23.48
10/24/11	INTEREST	FOR DATE OF SERVICE 2/21/08	67.11
08/07/08	WCAB LB	MSC	156.50
09/18/08	WCAB LB	MSC	156.50
10/15/08	C&R READING	@ THE L/O OF DENNIS FUSI (CLIENT DIDN'T SIGN)	156.50
11/14/08	PMT BY CHECK	DOS 10/15/08 # 896D68559903 (TRAVELERS PYMT)	-78.25
10/02/08	PMT BY CHECK	DOS 9/18/08 # 0066505866 (GALLAGHER PYMT)	-156.50
10/21/08	C&R READING	@ THE L/O OF DENNIS FUSI (AMENDMENT TO C&R)	156.50
12/02/08	PMT BY CHECK	DOS 10/15/08 # 0067744569 (GALLAGHER PYMT)	-78.25
03/11/11	PENALTIES	FOR DATE OF SERVICE 08/07/08	23.48
10/24/11	INTEREST	FOR DATE OF SERVICE 08/07/08	58.82
03/11/11	PENALTIES	FOR DATE OF SERVICE 10/21/08	11.74
10/24/11	INTEREST	FOR DATE OF SERVICE 10/21/08	55.13

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/01/11	23287

Claim # : CDA1578
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: GWYNETH BAKER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs AXSYS TECHNOLOGY
Date Of Injury: 2/11/05

DOS	SERVICE	DESCRIPTION	AMOUNT
02/23/09	PMT BY CHECK	DOS 10/21/08 # 0069381846 GALLAGHER	-78.25
10/24/11	COSTS & SANC	COST & SANC	499.73
10/28/11	PMT BY CHECK	DOS 3/13/07-10/24/11 # 896D 79196246	-2638.10

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

001804

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510
0

896D 68559903

358526

23287

TRAVELERS

DATE: 11/14/08
LOSS DATE: 02/11/05
FILE NUMBER: 152 CB CDA1578 F

EMPLOYEE

ACCOUNT NAME:
AXSYS TECHNOLOGIES INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

EXPERT FEES / INTERPRETERS

SERVICE DATE: 10/15/2008

TOTAL PAID: $78.25
TAX INFO: 330956713331748 1Y
PAY MISC: 50% C&R READING 10/15/08
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

FOR ADDITIONAL INFORMATION, CONTACT: GWYNNETH BAKER AT (909)612-3790

319015366
DETACH CHECK

UNSUMM -050799
OVRPUNS2-121295
DETACH CHECK

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

002595 PAGE 1 OF 1 002086

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

CLAIM NO: 002086 004832 WC 01 (41087)
CLAIMANT:
DESCRIPTION: INV#25256 INVDAT09/29/08 DOS09/18/08

DATES OF SERVICE: 18Sep2008 THRU 18Sep2008
BENEFIT PERIOD: THRU

BRANCH NO.:170
ACC. DATE: 05Jul06

NO.: 0066505866
VN: 0000194996
DATE 02Oct08

156.50

PAID

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

005725 PAGE 1 OF 1 002086

GAL +68110+.0025123012.01668.01668.GALCK03D 001665

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

CLAIM NO: 002086 004832 WC 01 (41087)
CLAIMANT:
DESCRIPTION: INV#25256 INVDAT11/21/08 DOS10/15/08

DATES OF SERVICE: 15Oct2008 THRU 15Oct2008
BENEFIT PERIOD: THRU

BRANCH NO.: 170
ACC. DATE: 05Jul06

NO.: 0067744569
VN: 0000202087
DATE 02Dec08

78.25

PAID

GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

002762 PAGE 1 OF 1 002086

23287

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR AMERICAN HOME ASSURANCE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-855-0230
GALLAGHER BASSETT - CORONA, CA
P.O BOX 6900
CORONA CA 92878-6900

CLAIM NO: 002086 004832 WC 01 (41087) BRANCH NO.: 170 NO.: 0069381846
CLAIMANT: ACC. DATE: 05Jul06 VN: 0000210185
DESCRIPTION: INTERPRETER 1/2 READING OF C&R DOS 102108 DATE 23Feb09

DATES OF SERVICE: 21Oct2008 THRU 21Oct2008
BENEFIT PERIOD: THRU

78.25

PAID

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

NP

THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SC02894

896D 79196246

TRAVELERS

DATE: 10/28/11
LOSS DATE: 02/11/05
FILE NUMBER: 152 CB CDA1578 F

EMPLOYEE

ACCOUNT NAME:
AXSYS TECHNOLOGIES INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

BY:

NOV 01 2011

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

LUMP SUM SETTLEMENT

SERVICE DATE: 10/24/2011

TOTAL PAID $2638.10

C&S
$499.73

F-F,
CA

TAX INFO: 330956713331748 1Y
PAY MISC: F/F PER STIP & ORDER ALL D.O.
PAYEE:
JOYCE ALTMAN INTERPRETERS INC

23287pn

FOR ADDITIONAL INFORMATION, CONTACT: GWYNNETH BAKER AT (909)612-3790

301023016
DETACH CHECK

UNSUMM -021410
OVRPUNS2-121295
DETACH CHECK

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/04/11	40199

Claim # : 05557522
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (LOS ANGELES)
W.C. DEPARTMENT
ATTN: RON GOMEZ ESPINOZA
P.O. BOX # 92622
LOS ANGELES, CA 90009-2622

Case: vs REGENCY GENERAL CONTRACTORS
Date Of Injury: 11/16/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/23/10	DEPO PREP	@ THE L/O OF SCIF	156.50
/ /	INTERPRETER:	GLADYS REYNA # 100755	0.00
10/19/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP (VOL I)	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/13/11	PENALTIES	FOR DATE OF SERVICE 9/23/10	23.48
10/13/11	INTEREST	FOR DATE OF SERVICE 9/23/10	19.91
10/13/11	INTEREST	FOR DATE OF SERVICE 10/19/10	37.50
10/13/11	INTEREST	FOR DATE OF SERVICE 10/19/10	29.85
11/02/11	PMT BY CHECK	DOS 9/23/10-10/13/11 # CU-853844	-517.24

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(855)250-5678

Provider Number: 330956713

Check #: **CU-853844**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 11/02/11
Doc #: 023826445

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
			Patient Name:	1 **Claim #:** 02380014			
1	44406	04/28/11	09/13/11	Interpreter fees	1		345.95
			Patient Name:	**Claim #:** 05557522			
2	40199	09/23/10	10/19/10	Interpreter fees	1		517.24
			Patient Name:	**Claim #:** 05151628			
3	41657	01/10/11	01/10/11	Interpreter fees	1		156.50
					Total Allowances:		**$1,019.69**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
02380014	345.95	.00	345.95
05151628	156.50	.00	156.50
05557522	517.24	.00	517.24

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

RECEIVED
NOV 04 2011
BY:

Notations:

05151628	INVOICE 41657;
05557522	LOSS EXPENSE;
02380014	INVOICE 44406 ADJ01570921; 05 ADJ 00350583;

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence.
Please detach and retain the statement page(s) as your record of payment. THANK YOU

STATE FUND WILL PAY TO ONLY ONE REMITTANCE ADDRESS PER TIN EFF. AUGUST 2011
For more information, see www.statefundca.com/about/SingleRemit.asp

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/15/11	30273

Claim # : YLR32103
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: MIKE WALKER
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs KELLILYN W. PORTER
Date Of Injury: 2/4/07

DOS	SERVICE	DESCRIPTION	AMOUNT
04/16/08	INITIAL EXAM	-DR KATTAR (2HRS 15MIN)	258.75
04/25/08	INITIAL EXAM	-DR HOSSAIN*	230.00
06/06/08	PR2/REEVAL	-DR HOSSAIN*	180.00
07/18/08	PR2/REEVAL	-DR HOSSAIN*	180.00
07/28/08	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
08/12/08	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
09/08/08	INITIAL EXAM	DR NAZIR @ GARFIELD HEALTH*	230.00
09/19/08	PR2/REEVAL	-DR HOSSAIN @ GARFIELD HEALTH	180.00
10/15/08	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
11/19/08	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
12/10/08	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
01/14/09	PR2/REEVAL	-DR KATTAR @ GARFIELD HEALTH*	180.00
02/26/09	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
05/19/09	PENALTIES	FOR DATE OF SERVICE 04/16/08	38.81
08/09/11	INTEREST	FOR DATE OF SERVICE 04/16/08	100.27
05/19/09	PENALTIES	FOR DATE OF SERVICE 04/25/08	34.50
08/09/11	INTEREST	FOR DATE OF SERVICE 04/25/08	88.48
05/19/09	PENALTIES	FOR DATE OF SERVICE 07/28/08	23.48
08/09/11	INTEREST	FOR DATE OF SERVICE 07/28/08	55.57
05/19/09	PENALTIES	FOR DATE OF SERVICE 08/12/08	37.50
08/09/11	INTEREST	FOR DATE OF SERVICE 08/12/08	87.59
05/19/09	PENALTIES	FOR DATE OF SERVICE 09/08/08	34.50
08/09/11	INTEREST	FOR DATE OF SERVICE 09/08/08	78.63
05/27/09	PR2/REEVAL	-DR NAZIR @ GARFIELD HEALTH*	180.00
06/03/09	P AND S	-DR NAZIR @ GARFIELD HEALTH*	230.00
02/16/10	PENALTIES	FOR DATE OF SERVICE 06/03/09	34.50
08/09/11	INTEREST	FOR DATE OF SERVICE 06/03/09	59.20
05/12/10	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/13/10	PENALTIES	FOR DATE OF SERVICE 6/6/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 6/6/08	66.86

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/15/11	30273

Claim # : YLR32103
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: MIKE WALKER
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs KELLILYN W. PORTER
Date Of Injury: 2/4/07

DOS	SERVICE	DESCRIPTION	AMOUNT
09/13/10	PENALTIES	FOR DATE OF SERVICE 7/18/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 7/18/08	64.48
09/13/10	PENALTIES	FOR DATE OF SERVICE 9/19/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 9/19/08	60.91
09/13/10	PENALTIES	FOR DATE OF SERVICE 10/15/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 10/15/08	59.43
09/13/10	PENALTIES	FOR DATE OF SERVICE 11/19/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 11/19/08	57.45
09/13/10	PENALTIES	FOR DATE OF SERVICE 12/10/08	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 12/10/08	56.26
09/13/10	PENALTIES	FOR DATE OF SERVICE 1/14/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 1/14/09	54.27
09/13/10	PENALTIES	FOR DATE OF SERVICE 2/26/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 2/26/09	51.84
09/13/10	PENALTIES	FOR DATE OF SERVICE 5/27/09	27.00
08/09/11	INTEREST	FOR DATE OF SERVICE 5/27/09	46.73
09/13/10	PENALTIES	FOR DATE OF SERVICE 5/12/10	37.50
08/09/11	INTEREST	FOR DATE OF SERVICE 5/12/10	37.34
08/30/11	PMT BY CHECK	DOS 7/28/08-5/12/10 # 2010740114	-656.50
11/09/11	PMT BY CHECK	DOS 4/16/08-8/9/11 # 201365932 6	-4077.85

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/15/11	30273

Claim # : YLR32103
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: MIKE WALKER
P.O. BOX 14153
LEXINGTON, KY 40512

Case: [redacted] vs KELLILYN W. PORTER
Date Of Injury: 2/4/07

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
800/221-5473

SRS
SPECIALTY RISK SERVICES

PAID

000103
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

00104

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

*000012 2010740114

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
02-04-08	83HMC TPF336 YLRC 32103	ALLSTATE / KELLIYN PORTER	$656.50
Nature of Payment: Other Medical #30273		Service Dates 07-28-2008 05-12-2010	$656.50
Claim Handler: Joe Casas 800/221-5473 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: Depo prep, depo review, C&r reading	

Issue Date	08-30-2011	Check Number	2010740114	Total Amount of Check	$656.50

Please keep the above information for your records.

097291314

FOLD AT DOTTED LINE AND DETACH

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
800/221-5473

SRS
SPECIALTY RISK SERVICES

000976
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

BY:

00977

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name		Amount Paid
30273 02-04-08	83HMC TPF336 YLRC 32103	ALLSTATE / KELLIYN PORTER		$4,077.85
Nature of Payment: Other Medical 4-16-08		Service Dates 11-09-2013 11-09-2013		$4,077.85
Claim Handler: Joe Casas 800/221-5473 SO California SRS Claim Office P.O. Box 7007 La Habra, CA 90632-7007		Additional Comments: Lien settlement full and final FG		

Issue Date	11-09-2011	Check Number	201365932 6	Total Amount of Check	$4,077.85

Please keep the above information for your records.

096898446

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

*000012 2013659326

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/23/12	45152

Claim # : MG11010030
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CORVEL CORPORATION (SACREM)
W.C. DEPARTMENT
ATTN: CRISTAL NAPOLITANO
P.O. BOX 277550
SACRAMENTO, CA 95827

Case: vs RAMADA LIMINTED HOTEL
Date Of Injury: 1/24/11

DOS	SERVICE	DESCRIPTION	AMOUNT
05/26/11	MRI	REF BY DR NEWTON: L/S @ CALIF IMAGING*	150.00
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
02/24/12	PENALTIES	FOR DATE OF SERVICE 5/26/11	22.50
02/24/12	INTEREST	FOR DATE OF SERVICE 5/26/11	13.89
04/18/12	PMT BY CHECK	DOS 5/26/11-2/24/12 # 5092491	-186.39

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

PSM Insurance Companies
Public Service Mutual Insurance Company
One Park Avenue, New York NY 10016-5807

MAGNA CARTA COMPANIES

Check No.: **5092491**
Date: **4/18/2012**

52-153
112 ME

Policy	Claim	Type	Claimant
00WC029231	0400155702	Expense	
Insured: *Mirage Express, Inc (a corp) (*		Provider No.: *0617368*	

PAY: *One hundred eighty six and 39/100 Dollars* **$186.39**

TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC

BANK OF AMERICA

Authorized Signature

THIS CHECK CONTAINS: CHEMICAL PROTECTION • MICRO PRINT BORDER • GENUINE WATERMARK • VISIBLE FIBERS • COLORED BACKGROUND

⑈5092491⑈ ⑆011201539⑆ 00222001?906⑈

DATE	DESCRIPTION	AMOUNT
4/18/2012	Check Number: 5092491 Public Service Mutual Insurance Company Payment Type is: Expense Policy: 00WC029231 Claim: 0400155702 Date of Loss: 1/24/2011 In Payment of: INVOICE NO. 45152 Claimant: Insured: Mirage Express, Inc (a corp) (Payee: JOYCE ALTMAN INTERPRETERS INC From: To: Weeks: Rate: NF-CSE: 000	186.39

RECEIVED
APR 23 2012
BY:

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/02/12	37584

Claim # : ECA900061585
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: ATTN LIEN UNIT
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs THE FLAME BROILER
Date Of Injury: CT 10/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT
05/27/10	DEPO PREP	@ THE L/O OF STOCKWELL	156.50
/ /	INTERPRETER:	PILAR PEREZ # 44188282	0.00
07/12/10	DEPO PREP	@ THE L/O OF STOCKWELL & HARR V-11	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/15/10	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS VOL II	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/14/10	PENALTIES	FOR DATE OF SERVICE 05/27/10	23.48
02/21/11	INTEREST	FOR DATE OF SERVICE 05/27/10	14.30
10/14/10	PENALTIES	FOR DATE OF SERVICE 07/12/10	23.48
02/21/11	INTEREST	FOR DATE OF SERVICE 07/12/10	12.03
12/13/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	ALFREDO LANDEROS # 100753	0.00
02/21/11	PMT BY CHECK	DOS 5/27/10 THRU 12/13/10 # 2616181	-719.50
06/09/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/09/11	PENALTIES	FOR DATE OF SERVICE 9/15/10	23.48
02/21/11	INTEREST	FOR DATE OF SERVICE 9/15/10	8.83
12/09/11	PENALTIES	FOR DATE OF SERVICE 6/9/11	37.50
06/25/11	INTEREST	FOR DATE OF SERVICE 6/9/11	31.66
06/25/12	PENALTIES	FOR DATE OF SERVICE 12/13/10	37.50
06/25/12	INTEREST	FOR DATE OF SERVICE 12/13/10	7.09
06/28/12	PMT BY CHECK	DOS 5/27/10-6/27/12 # 2717761	-469.35

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/02/12	37584

Claim # : ECA900061585
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: ATTN LIEN UNIT
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs THE FLAME BROILER
Date Of Injury: CT 10/8/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

FIRST COMP
Insuring America's Small Business®
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: ECA900061585
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 261618
Check Date: 02/21/201
Check Amount: 719.50

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0046528
CLAIMS TYPE: EX EXPENSE TYPE: 10

PAID
FEB 28 2011
BY:.....

Invoice Number: 37584
Invoice Date: 01/07/2011

Service From: 05/27/2010 **Service To:** 12/13/2010

Claimant First Name:
Claimant Last Name:

Additional Information: 05/27/2010 12/13/2010

RECEIVED FEB 28 2011

FIRST COMP
Insuring America's Small Business®
A MARKEL® Company

PO Box 3188
Omaha, NE 68103-0188

PAID
JUL 02 2012
BY:

Claims Disbursement

Claim Number: ECA900061585
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 2717761
Check Date: 06/28/2012
Check Amount: 469.35

375841

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WEN0046528
CLAIMS TYPE: ME EXPENSE TYPE: 15

Invoice Number:
Invoice Date:

Service From: 06/27/2012 **Service To:** 06/27/2012

Claimant First Name:
Claimant Last Name:

Additional Information: 06/27/2012 06/27/2012 Settlement Agreement - Stip

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/05/12	41532

Claim # : 05378226
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SCIF (PINEDALE - 65005)
W.C. DEPARTMENT
ATTN: CLAIM ADJUSTER
P.O. BOX # 65005
PINEDALE, CA 93650-5005

Case: . vs MODERN TREE SERVICE
Date Of Injury: 10/1/08

DOS	SERVICE	DESCRIPTION	AMOUNT
01/18/11	ULTRASOUND	REF BY DR MENDELSOHN: LT SCROTUM, INGUINAL*	150.00
/ /	INTERPRETER:	BLANCA NOCHEZ MEJIA # 100741	0.00
10/21/11	PENALTIES	FOR DATE OF SERVICE 1/18/11	22.50
06/04/12	INTEREST	FOR DATE OF SERVICE 1/18/11	24.72
06/04/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
07/02/12	PMT BY CHECK	DOS 1/18/11-6/4/12 # CP-592361	-353.72

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Explanation of Review (EOR)

State Compensation Insurance Fund
P.O. Box 65005
Pinedale, CA 93650-5005
(951)697-7300

Provider Number: 330956713

Check #: **CP-592361**

JOYCE ALTMAN INTERPRETERS INC
Po Box 4165
Tustin CA 92781

Issue Date: 07/02/12
Doc #: 024976233

41532

Medical

Line #	Invoice Number	From Date	To Date	Service Description	Units		Allowances
		Patient Name:			**Claim #:** 05378226		
1		06/04/12	06/04/12	Medical Services	1		353.72

Total Allowances: **$353.72**

Claim Number	Allowances	Penalty & Interest	Invoice Totals
05378226	353.72	.00	353.72

The preceding invoice totals reflect the amount of reviewed and/or approved billing items from the associated invoices that are included in this payment and are generated to assist your organization to balance your paperwork.

F. FTC
MISC

Notations:
05378226 STIP & ORDER;

PAID
JUL 05 2012
BY:

To ensure prompt payment of your bills, use the claim number shown above and the injured name on all future correspondence. Please detach and retain the statement page(s) as your record of payments. THANK YOU.

To read and download the new paper medical billing regulations go to:
http://www.dir.ca.gov/dwc/DWCPropRegs/Ebilling/EBilling Regulations.htm

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/29/12	38817

Claim # : YLR50343C
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LX-14153)
W.C. DEPARTMENT
ATTN: CRISTINA DE LA ROSA
P.O. BOX 14153
LEXINGTON, KY 40512

Case: vs D.J. BRONSON INC.
Date Of Injury: 5/20/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/01/10	DEPO PREP	@ THE L/O OF STOCKWELL & HARRIS*	156.50
/ /	INTERPRETER:	PATRICIA HAYES# 100761	0.00
11/02/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
12/09/10	MRI	-REF BY DR SUUTARI: C/S, LT ANKLE*	150.00
/ /	INTERPRETER:	ALBERTO VILLAGOMEZ # 500341	0.00
05/03/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/07/11	PENALTIES	FOR DATE OF SERVICE 10/1/10	23.48
10/16/12	INTEREST	FOR DATE OF SERVICE 10/1/10	28.50
04/07/11	PENALTIES	FOR DATE OF SERVICE 11/2/10	37.50
10/16/12	INTEREST	FOR DATE OF SERVICE 11/2/10	45.53
04/07/11	PENALTIES	FOR DATE OF SERVICE 12/9/10	22.50
10/16/12	INTEREST	FOR DATE OF SERVICE 12/9/10	27.32
10/16/12	PENALTIES	FOR DATE OF SERVICE 5/3/11	37.50
10/16/12	INTEREST	FOR DATE OF SERVICE 5/3/11	43.48
10/25/12	PMT BY CHECK	DOS 10/1/10-10/16/12 # 01321112	-1072.31
		BALANCE	0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

BRANCH OFFICE ADDRESS:
PO BOX 989000
N SACRAMENTO, CA 95798
916-564-1792

Helmsman Management Services LLC

B. CODE	CHECK NUMBER	CHECK DATE
199	01321112	10/25/12
	CHECK AMOUNT ***$1072.31	BLOCK NUMBER 004184

CLAIM #: WC 608-A11700
CONTRACT #: WC8-65A-290306-261-92

OSN: EE2801102503-002680
CONTROL #: 000000162 ID: CRWEA68
PROVIDER #: N0411768841096

PAYEE: JOYCE ALTMAN INTERPRETING

TAX ID: 33-0956713
BILL PROV: JOYCE ALTMAN INTERPRETING
PO BOX 4165
TUSTIN, CA 92781

PROVIDER:

RECEIVED
OCT 29 2012
BY:

DATE OF INJURY: 05/20/10
EMPLOYEE:

EMPLOYER: ADP TOTALSOURCE I, INC. -R
DATES OF SERVICE 10/24/12-10/24/12
LOCATION CODE: NLY

DATES OF SERVICE FROM	TO	SERVICE DESCRIPTION	UNITS	CHARGE	PAYABLE	EXPL CODE
10/24/12	10/24/12	MISC		1,072.31	1,072.31	

NOTE: PAYS FULL & FINAL SATISFACTION OF LIEN

TOTAL CHARGES	1072.31
TOTAL PAYABLE:	1072.31
TOTAL WITHHOLD:	0.00
TOTAL AMOUNT PAID:	1072.31

38817

CAREFULLY DETACH CHECK BEFORE DEPOSITING - RETAIN STATEMENT FOR YOUR RECORDS

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
11/05/12 42885

Claim # : 99313450047146
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ESIS WC (SCRANTON-6569)
W.C. DEPARTMENT
ATTN: CLAIRE SY
P.O. BOX # 6569
SCRANTON, PA 18505

Case: . vs LABOR READY
Date Of Injury: 4/10/09

DOS	SERVICE	DESCRIPTION	AMOUNT
09/16/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
10/26/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	SABINE SKELTON # 300884	0.00
01/03/11	WCAB LB	MSC - JOHANNA JORDAN # 100793	156.50
03/25/11	PMT BY CHECK	DOS 9/16/09 THRU 1/3/11 # FE42655980	-563.00
05/09/11	WCAB LB	TRIAL - JOYCE ALTMAN # 300624	156.50
11/09/11	PENALTIES	FOR DATE OF SERVICE 5/9/11	23.48
10/03/12	INTEREST	FOR DATE OF SERVICE 5/9/11	26.28
10/30/12	PMT BY CHECK	DOS 9/16/09-10/3/12 # FE44725472	-206.26

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

PDWLDMCD-002118-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 03/25/11

CHECK NO. FE42655980

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 00907 FE42655980
JOYCE ALTMAN INTEPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
9931345004714

DOLLARS
$**********563.00

* NOT NEGOTIABLE *

FOR
09/16/09 THRU 01/03/11 42885

CLAIMANT

DATE OF EVENT
04/10/09

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID
APR 01 2011
BY:

PDWLDMCD-002118-01-01-00

BOA10B (07/2009)

DETACH THIS PORTION BEFORE CASHING

PDWLDMCD-003496-01-01-00
ESIS, INC.
PO BOX 6569
SCRANTON PA 18505-6569

DATE 10/30/12

CHECK NO. **FE44725472**

STATEMENT **ESIS**

An Insurance Services Company

ESIS, Inc.

5900C13FE 00 01628 FE44725472
JOYCE ALTMAN INTERPRETERS,INC.
PO BOX 4165
TUSTIN CA 92781-4165

FILE ID
9931345004714

DOLLARS
$********206.26

*** NOT NEGOTIABLE ***

FOR
05/09/11 THRU 05/09/11 FULL/FINAL

42885

CLAIMANT

DATE OF EVENT
04/10/09

Questions regarding this payment should be referred to the Customer Service Unit of the Claim Office whose address appears above.

PAID
NOV 05 2012
BY:

F.F.
IG

PDWLDMCD-003496-01-01-00

BOA108 (07/2009)

DETACH THIS PORTION BEFORE CASHING

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/29/12	48199

Claim # : SCA-900073201
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
FIRST COMP INS (OMAHA,NE)
W.C. DEPARTMENT
ATTN: TRACY BONFILS
P.O. BOX # 3188
OMAHA, NE 68103

Case: vs JAVIER RIOS MD A PROF.CORP.
Date Of Injury: 7/16/10

DOS	SERVICE	DESCRIPTION	AMOUNT
09/01/11	DEPO PREP	@ THE L/O OF GOLDMAN MAGDALIN & KRIKES	156.50
/ /	INTERPRETER:	GABRIELA DAVIS # 100541	0.00
10/03/11	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/08/12	PENALTIES	FOR DATE OF SERVICE 9/1/11	23.48
06/08/12	INTEREST	FOR DATE OF SERVICE 9/1/11	14.84
06/08/12	PENALTIES	FOR DATE OF SERVICE 10/3/11	37.50
06/08/12	INTEREST	FOR DATE OF SERVICE 10/3/11	21.19
10/23/12	PMT BY CHECK	DOS 9/1/11-6/8/12 # 310482	-503.51

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

EIDETCOMP
Insuring America's Small Business
PO Box 3188
Omaha, NE 68103-0188

Claims Disbursement

Claim Number: SCA900073201
Name: JOYCE ALTMAN INTERPRETERS INC

Check Number: 310482
Check Date: 10/23/2012
Check Amount: 503.51

RECEIVED
OCT 29 2012
BY:

Check Information

Check Description: EOR REFERENCE:
POLICY NUMBER: WSI0014070
CLAIMS TYPE: EX EXPENSE TYPE: 12

Invoice Number: 48199
Invoice Date:

Service From: 09/01/2011 **Service To:** 10/03/2011

Claimant First Name:
Claimant Last Name:

Additional Information: 09/01/2011 10/03/2011 Interpreting services rendered at Dep

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/08/13	34032

Claim # : 710535223
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: JANNA GOODWIN
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: ___ vs RUDOLPH & SLETTEN, INC.
Date Of Injury: 8/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT
05/11/09	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
06/10/09	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
08/28/09	PENALTIES	FOR DATE OF SERVICE 5/11/09	23.48
12/20/12	INTEREST	FOR DATE OF SERVICE 5/11/09	66.02
08/28/09	PENALTIES	FOR DATE OF SERVICE 6/10/09	37.50
12/20/12	INTEREST	FOR DATE OF SERVICE 6/10/09	105.47
03/01/11	MRI	-REF BY DR DE LA LLANA: RT KNEE*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
05/21/12	WCAB LB	MSC - JOYCE ALTMAN # 300624	156.50
07/27/12	PENALTIES	FOR DATE OF SERVICE 3/1/11	22.50
12/20/12	INTEREST	FOR DATE OF SERVICE 3/1/11	32.14
07/27/12	PENALTIES	FOR DATE OF SERVICE 5/21/12	23.48
12/20/12	INTEREST	FOR DATE OF SERVICE 5/21/12	0.00
07/25/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
12/20/12	PENALTIES	FOR DATE OF SERVICE 07/25/12	37.50
12/20/12	INTEREST	FOR DATE OF SERVICE 07/25/12	13.23
12/20/12	COSTS & SANC	COST & SANC	225.00
01/01/13	PMT BY CHECK	DOS 5/11/09-12/20/12 # 22703136	-1549.32

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
01/08/13	34032

Claim # : 710535223
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
CHARTIS/AIG (SHAWNEE-25978)
W.C. DEPARTMENT
ATTN: JANNA GOODWIN
P.O. BOX # 25978
SHAWNEE MISSION, KS 66225

Case: vs RUDOLPH & SLETTEN, INC.
Date Of Injury: 8/5/08

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

CHARTIS
P.O. BOX 2017
JERSEY CITY NJ 07303-2017

ABOVE ADDRESS ONLY FOR RETURNS
LMS 999 1 7102270313600510336

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN
CA 92781-4165

PAID JAN 09 2013

34032

Remittance - JOYCE ALTMAN INTERPRETERS INC
AMERICAN HOME ASSURANCE COMPANY

No.: 22703136
RFP No.: 00510336
01/01/2013

Insured: RUDOLPH & SLETTEN, INC.
Claimant:
Producer:
ACT: FINAL LIEN 122012-122012

Claim Office: 710

Policy	Claim	Sym.	DOL	Typ	S	Amount
000003685284	00535223	01	08/05/2008	MED	O	$1,549.32

F.F.
CA

Use file # 710-00535223 **on all correspondence, for prompt processing.**
For check information call: 800-736-6671

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/09/12	43016

Claim # : 08001249
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
AMERICAN CLAIMS MGMT (SD85251)
W.C. DEPARTMENT
ATTN: GABRIEL OCHOA
P.O. BOX # 85251
SAN DIEGO, CA 92186

Case: vs COURTYARD MARRIOT
Date Of Injury: 9/17/09

DOS	SERVICE	DESCRIPTION	AMOUNT
03/03/11	INITIAL EXAM	DR OBUKHOFF @ @ WILLOW MED* GLADY$ REYNA #100755	230.00
04/14/11	PR2/REEVAL	DR OBUKHOFF* ELIZABETH HERRERA # 301231	180.00
05/23/12	PENALTIES	FOR DATE OF SERVICE 3/3/11	34.50
05/23/12	INTEREST	FOR DATE OF SERVICE 3/3/11	33.84
07/06/12	PMT BY CHECK	DOS 3/3/11-5/23/12 # 118506	-478.34

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Everest National Insurance Company

American Claims Management
P.O. Box 85251
San Diego, CA 92186
For Questions Please Call (888)-799-2919

US Bank
4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 118506

DATE
07/06/2012

**********478.34

VOID AFTER 90 DAYS

VOID

California Workers' Compensation Payment

Pay Four Hundred Seventy Eight Dollars And 34/100

VOID

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

TO THE ORDER OF

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781

⑈0118506⑈ ⑆122235821⑆ 153495464635⑈

Payee: Joyce Altman Interpreters, Inc.

IRS/SSN: XX-XXX6713

Check Number: 118506

Check Date: 07/06/2012

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
08001249		09/17/2009	Interpreting Fees	03/03/2011	05/23/2012	05/25/2012	43016	478.34

PAID
JUL 09 2012
BY: _____

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***
Date NO#
07/06/12 30417

Claim # : 200853051
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (VAN NUYS)
W.C. DEPARTMENT
ATTN: LARRY LUBOW
P.O. BOX # 1027
VAN NUYS, CA 91408

Case: vs CATHOLIC HEALTHCARE WEST
Date Of Injury: CT 09/06-04/28/2008

DOS	SERVICE	DESCRIPTION	AMOUNT
04/29/08	INITIAL EXAM	DR DANESH*	230.00
06/19/08	PR2/REEVAL	DR NEMAT*	180.00
07/15/08	PR2/REEVAL	DR NEMAT*	180.00
07/25/08	SHOCK WAVE	@ PAIN RELIEF HEALTH CTR.	150.00
08/04/08	SHOCK WAVE	THERAPY W/ DR DANESH*	150.00
12/12/08	NCV	DIAGNOSTIC STUDY INTERP: U/E & EMG @ PAIN RELIEF*	150.00
02/03/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
03/26/09	PR2/REEVAL	DR SOTELO @ PAIN RELIEF CTR*	180.00
06/09/10	P AND S	-DR TERRENCE: PSYCH EVAL (4 HRS)	460.00
10/04/10	WCAB LB	MSC - SABINE SKELTON # 300884	156.50
04/13/11	PENALTIES	FOR DATE OF SERVICE 04/29/08	34.50
02/12/11	INTEREST	FOR DATE OF SERVICE 04/29/08	100.94
04/13/11	PENALTIES	FOR DATE OF SERVICE 12/12/08	22.50
02/12/12	INTEREST	FOR DATE OF SERVICE 12/12/08	55.11
04/13/11	PENALTIES	FOR DATE OF SERVICE 06/09/10	69.00
02/12/12	INTEREST	FOR DATE OF SERVICE 06/09/10	90.15
04/13/11	PENALTIES	FOR DATE OF SERVICE 10/04/10	23.48
02/12/12	INTEREST	FOR DATE OF SERVICE 10/04/10	24.90
08/15/11	PENALTIES	FOR DATE OF SERVICE 6/19/08	27.00
02/12/12	INTEREST	FOR DATE OF SERVICE 6.19/08	76.11
08/15/11	PENALTIES	FOR DATE OF SERVICE 7/15/08	27.00
02/12/12	INTEREST	FOR DATE OF SERVICE 7/15/08	74.63
08/15/11	PENALTIES	FOR DATE OF SERVICE 7/25/08	22.50
02/12/12	INTEREST	FOR DATE OF SERVICE 7/25/08	61.72
08/15/11	PENALTIES	FOR DATE OF SERVICE 8/4/08	22.50
02/12/12	INTEREST	FOR DATE OF SERVICE 8/4/08	61.25
08/15/11	PENALTIES	FOR DATE OF SERVICE 2/3/09	27.00
02/12/12	INTEREST	FOR DATE OF SERVICE 2/3/09	63.12

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
07/06/12	30417

Claim # : 200853051
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (VAN NUYS)
W.C. DEPARTMENT
ATTN: LARRY LUBOW
P.O. BOX # 1027
VAN NUYS, CA 91408

Case: vs CATHOLIC HEALTHCARE WEST
Date Of Injury: CT 09/06-04/28/2008

DOS	SERVICE	DESCRIPTION	AMOUNT
08/15/11	PENALTIES	FOR DATE OF SERVICE 3/26/09	27.00
02/12/12	INTEREST	FOR DATE OF SERVICE 3/26/09	60.23
06/19/12	COSTS & SANC	COST & SANCT	512.86
07/02/12	PMT BY CHECK	DOS 4/29/08-6/19/12 # 200779618	-3500.00

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Payee: JOYCE ALTMAN INTERPRETERS
Company: Catholic
Facility: Northridge Hosp MC -

Policy ID: SI CA45 37
Tax ID: xxxxx6713
Check Number: 200779618

30417

Administrator: LLUBOW
Check Total: 3,500.00
Check Date: 07/02/2012

Injury	From / Through / Account Number	Invoice # / Claim	Claimant Name	Description	Amount
09/01/2006	04/29/2008 10/04/2010 7313301041	200853051		Other Medical	3,500.00

F. F.
CA

PAID
JUL 06 2012
BY:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/17/12	51625

Claim # : SAC0000113442;B252300079
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14433)
W.C. DEPARTMENT
ATTN: CHRISTPHER TIPTON
P.O. BOX # 14433
LEXINGTON, KY 40512-4433

Case: vs VALLEY MANAGEMENT ASSOC. INC.
Date Of Injury: 7/23/09

DOS	SERVICE	DESCRIPTION	AMOUNT
02/10/12	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
03/28/12	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
04/03/12	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/01/12	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	JOHANNA JORDAN # 100793	0.00
08/02/12	PENALTIES	FOR DATE OF SERVICE 02/10/12	23.49
08/02/12	INTEREST	FOR DATE OF SERVICE 02/10/12	9.57
08/02/12	PENALTIES	FOR DATE OF SERVICE 03/28/12	37.50
08/02/12	INTEREST	FOR DATE OF SERVICE 03/28/12	11.58
08/02/12	PENALTIES	FOR DATE OF SERVICE 04/03/12	23.48
08/02/12	INTEREST	FOR DATE OF SERVICE 04/03/12	6.95
08/02/12	PENALTIES	FOR DATE OF SERVICE 05/01/12	37.50
08/02/12	INTEREST	FOR DATE OF SERVICE 05/01/12	8.90
08/13/12	PMT BY CHECK	DOS 2/10/12-8/2/12 # 0033627141	-971.97

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Sedgwick Claims Management Services, Inc
P O Box 14433
Lexington, KY 40512-4433

DATE	CHECK AMT	CHECK NO.
08/13/2012	971.97	0033627141

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
523 Sedgwick Claims Management Services	001

*004196 0033627141 00001 OF 00002 0AM 120813 1014

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

51625

Claimant Name	Loss Date	Claim Number	SSN

Amt Paid: 971.97
Amt Billed: 971.97
Dates: 07/23/2009 - 08/09/2012

07/23/2009 SAC0000113442
Description: Lump Sum Settlement - Medical
Invoice: ICN: SAC0000113442
Comment: Full and Final

F.F.
EV

PAID
AUG 17 2012
BY:

Questions about other Sedgwick payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/11	08331

Claim # : 39016311
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs FINAL STEP, INC.
Date Of Injury: 01/09/02

DOS	SERVICE	DESCRIPTION	AMOUNT
06/05/02	INITIAL EXAM	DR GROMIS*	150.00
/ /	RE-EVAL	DR GROMIS*	120.00
09/25/02	RE-EVAL	DR GROMIS*	120.00
10/23/02	RE-EVAL	DR GROMIS*	120.00
11/20/02	RE-EVAL	DR GROMIS*	120.00
12/04/02	P AND S	DR GROMIS*	150.00
03/08/04	ULTRASOUND	REF BY DR CHODAKIEWITZ: ABDMN VASCULAR ASSESMENT*	125.00
03/08/04	MRI	REF BY DR CHODAKIEWITZ: BILAT TMJ*	125.00
01/22/05	MRI	REF BY DR CHODAKIEWITZ: C/S, L/S*	150.00
11/09/05	PENALTIES	FOR DATE OF SERVICE 3/8/04	37.50
01/26/07	INTEREST	FOR DATE OF SERVICE 3/8/04	84.60
11/09/05	PENALTIES	FOR DATE OF SERVICE 1/22/05	22.50
01/26/07	INTEREST	FOR DATE OF SERVICE 1/22/05	35.63
01/25/06	PENALTIES	FOR DATE OF SERVICE 6/5/02	22.50
01/26/07	INTEREST	FOR DATE OF SERVICE 6/5/02	81.10
01/25/06	PENALTIES	FOR DATE OF SERVICE 12/4/02	22.50
01/26/07	INTEREST	FOR DATE OF SERVICE 12/4/02	72.50
07/15/05	LIEN FIL FEE	LIEN FILING FEE	100.00
10/17/11	PMT BY CHECK	DOS 6/5/02-7/15/05 # 25311	-1658.83

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/24/11	08331

Claim # : 39016311
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
BERKSHIRE/ACCA (SAN FRANCISCO)
W.C. DEPARTMENT
ATTN: CLAIMS ADJUSTER
P.O. BOX # 881716
SAN FRANCISCO, CA 94188

Case: vs FINAL STEP, INC.
Date Of Injury: 01/09/02

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Everest National Insurance Company

P.O. Box 85251
San Diego, CA 92186

US Bank

4747 Executive Drive
San Diego, CA 92121

90-3582
1222

CHECK NO. 25311

DATE
10/17/2011

California Workers' Compensation Payment

**********1,658.83

VOID AFTER 90 DAYS

Pay One Thousand Six Hundred Fifty Eight Dollars And 83/100

VOID

TO THE ORDER OF

Joyce Altman Interpreters, Inc.
P.O. Box 4165
Tustin, CA 92781

TWO SIGNATURES REQUIRED ON AMOUNTS OVER $2,500.00

⑈00253 11⑈ ⑆122235821⑆ 153495464346⑈

Payee: Joyce Altman Interpreters, Inc.

Check Number: 25311

IRS/SSN:

Check Date: 10/17/2011

Claim Number	Claimant Name	Loss Date	Payment Transaction	From	Through	Invoice Received	Invoice #	Amount
39016311		01/12/2002	Interpreting Fees	06/05/2002	07/15/2005	10/17/2011		1,658.83

*08331

F.F.
IG

PAID
OCT 24 2011
BY:

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/02/11	35003

Claim # : 410091787
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: KELLEY YEAROUT
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs ARAMARK
Date Of Injury: 8/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT
08/25/09	INITIAL EXAM	DR KATTAR @ GARFIELD HEALTH*	230.00
09/25/09	PR2/REEVAL	DR KATTAR @ GARFIELD HEALTH*	180.00
11/06/09	INITIAL EXAM	DR HOSSAIN @ GARFIELD HEALTH*	230.00
12/18/09	PR2/REEVAL	DR HOSSAIN* ELIZABETH VARGA # 500106	180.00
02/22/10	P AND S	DR KATTAR* TITO SILVA #500272	230.00
04/19/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
06/17/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/27/10	PENALTIES	FOR DATE OF SERVICE 08/25/09	34.50
09/27/10	INTEREST	FOR DATE OF SERVICE 08/25/09	30.29
09/27/10	PENALTIES	FOR DATE OF SERVICE 11/06/09	34.50
09/27/10	INTEREST	FOR DATE OF SERVICE 11/06/09	25.00
09/27/10	PENALTIES	FOR DATE OF SERVICE 02/22/10	34.50
09/27/10	INTEREST	FOR DATE OF SERVICE 02/22/10	17.17
09/27/10	PENALTIES	FOR DATE OF SERVICE 04/19/10	23.48
09/27/10	INTEREST	FOR DATE OF SERVICE 04/19/10	8.92
09/27/10	PENALTIES	FOR DATE OF SERVICE 06/17/10	37.50
09/27/10	INTEREST	FOR DATE OF SERVICE 06/17/10	9.61
10/12/10	WCAB LB	MSC - CARMEN GUZMAN # 100585	156.50
05/31/11	PENALTIES	FOR DATE OF SERVICE 10/12/10	23.48
05/31/11	INTEREST	FOR DATE OF SERVICE 10/12/10	12.38
06/14/11	WCAB LB	TRIAL	156.50
06/22/11	C&R READING	@ THE L/O OF DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
07/26/11	PMT BY CHECK	DOS 8/25/09-6/22/11 # 230053675 7	-2310.83

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/02/11	35003

Claim # : 410091787
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK/SRS INS (LEX14153)
W.C. DEPARTMENT
ATTN: KELLEY YEAROUT
P.O. BOX # 14153
LEXINGTON, KY 40512

Case: vs ARAMARK
Date Of Injury: 8/4/09

DOS	SERVICE	DESCRIPTION	AMOUNT

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Specialty Risk Services , LLC
P.O. Box 61513
King Of Prussia, PA 19406
800/999-3945

SRS
SPECIALTY RISK SERVICES

003027
JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781

03028

*400012 2300536757

Attention: This remittance incorporates 1 claim payments

Special Handling ID: RM 00

Explanation of Benefits

Invoice Number/ Date of Loss	Policy Number/ Claim Number	Insured Name/ Claimant Name	Amount Paid
35003 08-04-09	WLRC43500363 410091787	ARAMARKIVIE DE FRANCE	$2,310.83
Nature of Payment: Other Medical		Service Dates 07-07-2011 07-07-2011	$2,310.83
Claim Handler: Kelley Yearout 800/999-3945 BURBANK CA SRS ARAMARK CLAIM OFFICE P.O. BOX 591 Burbank, CA 91503		Additional Comments:	

Issue Date	07-26-2011	Check Number	230053675 7	Total Amount of Check	$2,310.83

Please keep the above information for your records.

094897595

HAR-100-2

FOLD AT DOTTED LINE AND DETACH

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/17/12	33411

Claim # : 2080211462
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DARLENE NEALY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs SBARRO
Date Of Injury: CT9/29/08; 5/16/05

DOS	SERVICE	DESCRIPTION	AMOUNT
03/10/09	INITIAL EXAM	-DR OBUKHOFF @ WILLOW MED*	230.00
06/05/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
07/14/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
07/27/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
08/11/09	PMT BY CHECK	DOS 3/10/09 THRU 6/5/09 # 1620318224	-180.00
08/26/09	PMT BY CHECK	DOS 7/14/09 THRU 7/27/09 # 1010634585	-180.00
09/29/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
08/19/09	PR2/REEVAL	-DR JARCHI @ WILLOW MED*	180.00
10/27/09	PMT BY CHECK	DOS 9/29/09 # 1620323155	-90.00
11/19/09	PMT BY CHECK	DOS 8/19/09 # 1100617804	-90.00
11/09/09	PR2/REEVAL	-DR OBUKHOFF @ WILLOW MED*	180.00
12/22/09	PMT BY CHECK	DOS 11/9/09 # 1100655511	-90.00
01/05/10	PR2/REEVAL	-DR OBUKHOFF* ELIZABETH VARGA # 500106	180.00
02/16/10	PR2/REEVAL	-DR OBUKHOFF* GERRY LUGO #500049	180.00
03/16/10	PMT BY CHECK	DOS 1/5/10 THRU 2/16/10 # 1100749623	-180.00
03/30/10	PR2/REEVAL	-DR OBUKHOFF* JOSE LUGO # 500049	180.00
04/23/10	PMT BY CHECK	DOS 3/30/10 # 1100797085	-90.00
11/23/09	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA # 100755	180.00
05/11/10	PR2/REEVAL	-DR OBUKHOFF* GLADYS REYNA #100755	180.00
05/21/10	INITIAL EXAM	-DR SAMIMI @ WILLOW MEDICAL* GLADYS REYNA #100755	230.00
05/27/10	PMT BY CHECK	DOS 11/23/09 # 1100835138	-90.00
06/02/10	PMT BY CHECK	DOS 5/11/10 # 1100840895	-90.00

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/17/12	33411

Claim # : 2080211462
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DARLENE NEALY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case:
Date Of Injury: CT9/29/08; 5/16/05

DOS	SERVICE	DESCRIPTION	AMOUNT
06/28/10	PMT BY CHECK	DOS 6/9/10 # 1100870043	-90.00
09/27/10	PENALTIES	FOR DATE OF SERVICE 03/10/09	34.50
08/11/09	INTEREST	FOR DATE OF SERVICE 03/10/09	12.61
09/27/10	PENALTIES	FOR DATE OF SERVICE 05/21/10	34.50
06/28/10	INTEREST	FOR DATE OF SERVICE 05/21/10	4.20
03/06/12	INTEREST	FOR DATE OF SERVICE 3/10/09	42.26
10/24/11	INTEREST	FOR DATE OF SERVICE 5/21/10	22.19
10/24/11	PENALTIES	FOR DATE OF SERVICE 6/5/09	27.00
08/11/09	INTEREST	FOR DATE OF SERVICE 6/5/09	4.93
03/06/12	INTEREST	FOR DATE OF SERVICE 6/5/09	27.17
10/24/11	PENALTIES	FOR DATE OF SERVICE 7/14/09	27.00
08/26/09	INTEREST	FOR DATE OF SERVICE 7/14/09	3.57
03/06/12	INTEREST	FOR DATE OF SERVICE 7/14/09	26.74
10/24/11	PENALTIES	FOR DATE OF SERVICE 7/27/09	27.00
08/26/09	INTEREST	FOR DATE OF SERVICE 7/27/09	2.84
03/06/12	INTEREST	FOR DATE OF SERVICE 7/27/09	26.74
10/24/11	PENALTIES	FOR DATE OF SERVICE 9/29/09	27.00
10/27/09	INTEREST	FOR DATE OF SERVICE 9/29/09	2.72
03/06/12	INTEREST	FOR DATE OF SERVICE 9/29/09	24.98
10/24/11	PENALTIES	FOR DATE OF SERVICE 8/19/09	27.00
11/19/09	INTEREST	FOR DATE OF SERVICE 8/19/09	6.35
03/06/12	INTEREST	FOR DATE OF SERVICE 8/19/09	24.33
10/24/11	PENALTIES	FOR DATE OF SERVICE 11/9/09	27.00
12/22/09	INTEREST	FOR DATE OF SERVICE 11/9/09	3.57
03/06/12	INTEREST	FOR DATE OF SERVICE 11/9/09	23.39
10/24/11	PENALTIES	FOR DATE OF SERVICE 1/5/10	27.00
03/16/10	INTEREST	FOR DATE OF SERVICE 1/5/10	5.10
03/06/12	INTEREST	FOR DATE OF SERVICE 1/5/10	21.01
10/24/11	PENALTIES	FOR DATE OF SERVICE 2/16/10	27.00
03/16/10	INTEREST	FOR DATE OF SERVICE 2/16/10	2.72
03/06/12	INTEREST	FOR DATE OF SERVICE 2/16/10	21.01

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
08/17/12	33411

Claim # : 2080211462
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
ZURICH INS.(968005-SCHAUMBURG)
W.C. DEPARTMENT
ATTN: DARLENE NEALY
P.O. BOX 968005
SCHAUMBURG, IL 60196

Case: vs SBARRO
Date Of Injury: CT9/29/08; 5/16/05

DOS	SERVICE	DESCRIPTION	AMOUNT
10/24/11	PENALTIES	FOR DATE OF SERVICE 3/30/10	27.00
04/23/10	INTEREST	FOR DATE OF SERVICE 3/30/10	2.50
03/06/12	INTEREST	FOR DATE OF SERVICE 3/30/10	19.93
10/24/11	PENALTIES	FOR DATE OF SERVICE 11/23/09	27.00
05/27/10	INTEREST	FOR DATE OF SERVICE 11/23/09	11.63
03/06/12	INTEREST	FOR DATE OF SERVICE 11/23/09	18.97
06/02/10	PENALTIES	FOR DATE OF SERVICE 5/11/10	27.00
06/02/10	INTEREST	FOR DATE OF SERVICE 5/11/10	2.38
03/06/12	INTEREST	FOR DATE OF SERVICE 5/11/10	18.80
06/28/12	PENALTIES	FOR DATE OF SERVICE 5/21/10	34.50
06/28/12	INTEREST	FOR DATE OF SERVICE 5/21/10	4.20
03/06/12	INTEREST	FOR DATE OF SERVICE 5/21/10	28.10
08/13/12	PMT BY CHECK	DOS 3/10/09-3/6/12 # 110899054	-2085.44

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

02457

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 DN	WC 2984189	33411		09/29/08	03/10/09-06/05/09

Check Number	1620318224	Date Issued	08/11/09	Amount	$****180.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Roxanne Ervin				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00013

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 DN	WC 2984189	33411		09/29/08	07/14/09-07/27/09

Check Number	1010634585	Date Issued	08/26/09	Amount	$*****180.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Kesha Roy				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

PAID

PO BOX 968006
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

02568

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 DN	WC 2984189	33411		09/29/08	09/29/09-09/29/09

Check Number	1620323155	Date Issued	10/27/09	Amount	$*****90.00
Insured	Sbarro inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Roxanne Ervin				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	90.00		
TOTAL	$90.00		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
815 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00317

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-02111462 001 DN	WC 2984189	33411		09/29/08	08/19/09-08/19/09

Check Number	1100617804	Date Issued	11/19/09	Amount	$*****90.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	Interpreting Services				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Ajay CG-Umesh				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	90.00		
TOTAL	$90.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

PAID

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS, INC
PO BOX 4165
TUSTIN CA 92781 4165

00462

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 DN	WC 2984189	33411		09/29/08	11/09/09-11/09/09

Check Number	1100655511	Date Issued	12/22/09	Amount	$*****90.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS, INC				
Requested By	Ajay CG-Umesh				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	90.00		

TOTAL	$90.00

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN CA 92781 4165

98507

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 DN	WC 2984189	33411		09/29/08	01/05/10-02/16/10

Check Number	1100749623	Date Issued	03/16/10	Amount	$****180.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETERS INC				
Requested By	Ajay CG-Umesh				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	180.00		
TOTAL	$180.00		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

01590

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 DN	WC 2984189	33411		09/29/08	03/30/10-03/30/10

Check Number	1100797085	**Date Issued**	04/23/10	**Amount**	$*****90.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Ajay CG-Umesh				
File Supervisor	Darlene Nealy	**Phone Number**	818 227-1700		

PAID

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	90.00		
TOTAL	$90.00		

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00603

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 DN	WC 2984189	33411		09/29/08	11/23/09-11/23/09

Check Number	1100835136	Date Issued	05/27/10	Amount	$*****90.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Yuva CG-Pandrangan				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	90.00		
TOTAL	$90.00		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

01113

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
205-0211462 001 DN	WC 2984189	33411		09/29/08	05/11/10-05/11/10

Check Number	1100840895	Date Issued	06/02/10	Amount	$*****90.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Yuva CG-Pandrangan				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	90.00		
TOTAL	$90.00		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for our claim office. Please use the above address for any future correspondence.

JOYCE ALTMAN INTERPRETING INC
PO BOX 4165
TUSTIN CA 92781 4165

00607

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 DN	WC 2984189	33411		09/29/08	06/09/10-06/09/10

Check Number	1100670043	Date Issued	06/28/10	Amount	$*****90.00
Insured	Sbarro Inc				
Claimant					
Nature of Payment	MEDICAL TRANSLATION & INTERPRETER FEES				
Issued To	JOYCE ALTMAN INTERPRETING INC				
Requested By	Manoj Kumar CG-Malik				
File Supervisor	Darlene Nealy	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	90.00		
TOTAL	$90.00		

PAID

PO BOX 968005
SCHAUMBURG IL 60196 8005
818 227-1700

Zurich American Insurance Co.

Please Note:
We have a new mailing address for
our claim office. Please use the above
address for any future correspondence.

FAXED
AUG 17 2012
BY:

JOYCE ALTMAN INTERPRETERS, INC.
PO BOX 4165
TUSTIN CA 92781

00894

33411

PLEASE INCLUDE CLAIM NUMBER ON ALL FUTURE CORRESPONDENCE

Claim Number	Policy Number	Invoice Number	Tax ID	Date of Loss	Payment Service Dates
208-0211462 001 SP	WC 2984189			09/29/08	03/10/09-05/21/10

Check Number	1101899054	Date Issued	08/13/12	Amount	$**2,085.44
Insured	Sbarro Inc				
Claimant					
Nature of Payment	LIEN - FULL AND FINAL				
Issued To	Joyce Altman Interpreters, Inc.				
Requested By	Boopathy CG-Annamalai				
File Supervisor	Susan Lipps	Phone Number	818 227-1700		

Payment Description	AMOUNT PAID	Payment Description	AMOUNT PAID
WC MEDICAL	2,085.44		
TOTAL	$2,085.44		

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
11/04/11	39233

Claim # : CA10344764-0001
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SEDGWICK CLAIMS (LEXINGT14421)
W.C. DEPARTMENT
ATTN: SHERELL MAHARAJ
PO BOX # 14421
LEXINGTON, KY 40512-4421

Case:) vs TARGET STORES
Date Of Injury: 9/25/10

DOS	SERVICE	DESCRIPTION	AMOUNT
10/26/10	INITIAL EXAM	DR HARRIS @ ADVANCED CARE*	230.00
/ /	INTERPRETER:	JOSE LUGO # 500049	0.00
10/24/11	PENALTIES	FOR DATE OF SERVICE 10/26/10	34.50
10/24/11	INTEREST	FOR DATE OF SERVICE 10/26/10	27.15
11/01/11	PMT BY CHECK	DOS 10/26/10-10/24/11 # 0030726610	-291.65

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

Sedgwick Claims Management Services, Inc
P O BOX 14421
Lexington, KY 40512-4421

DATE	CHECK AMT	CHECK NO.
11/01/2011	291.65	0030726610

PAYEE	TAX ID
JOYCE ALTMAN INTERPRETERS	*****6713

SCMS UNIT	PAGE
213 Sedgwick Claims Management Services	001

*002734 0030726610 00001 OF 00001 OPM 111031 1525

JOYCE ALTMAN INTERPRETERS
P.O. BOX 4165
TUSTIN CA 92781

Claimant Name	Loss Date	Claim Number	SSN
	09/25/2010	CA10344764-0001	

Amt Paid: 291.65 Description:
Amt Billed: 291.65 Invoice: 39233 ICN: CA103447640001
Dates: 10/26/2010 - 10/26/2010 Comment:

PAID
NOV 04 2011
BY:

Questions about other Sedgwick CMS payments? Visit sedgwickcms.com. Click on Provider Resources, then choose viaOne Express® for Providers.

E1991.FRM (02-28-01)

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/20/11	39552

Claim # : WCCP10011880
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
MEADOWBROOK INS (LAS VEGAS)
W.C. DEPARTMENT
ATTN: LINDA ROSS
1707 VILLAGE CENTER CIR., #100
LAS VEGAS, NV 89134

Case: vs TEXTURED DESIGNED
Date Of Injury: 6/2/10

DOS	SERVICE	DESCRIPTION	AMOUNT
11/04/10	DEPO PREP	@ THE L/O OF DENNIS FUSI	156.50
/ /	INTERPRETER:	JOYCE ALTMAN # 300624	0.00
12/08/10	DEPO REVIEW	BEFORE SIGNING-DEPO TRANSCRIP @ L/O DENNIS FUSI	250.00
/ /	INTERPRETER:	PATRICIA HAYES # 100761	0.00
09/23/11	PENALTIES	FOR DATE OF SERVICE 11/4/10	23.48
09/23/11	INTEREST	FOR DATE OF SERVICE 11/4/10	16.91
09/23/11	PENALTIES	FOR DATE OF SERVICE 12/8/10	37.50
09/23/11	INTEREST	FOR DATE OF SERVICE 12/8/10	24.34
10/12/11	PMT BY CHECK	DOS 11/4/10-12/8/10 # 886749	-508.73

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Any and all partial payments received have been aknowledged and clearly reflected in the enclosed statement. However, payments received do not represent full and final satisfaction. In accordance with CCR Section 10770 lien claimant is hereby seeking recovery of the balance. Demand is hereby made for all medical reports per CCR Section 10608, Current Print Out of Benefits, MPN Notices, Completed DWC-1, Application of Adjudication, 4600 Election letter, Depo Transcript and any and all documentary evidence to be utilized in an attempt to defeat this lien.

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

Check No. 886749

Date Issued 10/12/2011

Bank of America 70-2328 719 IL

Payee: JOYCE ALTMAN INTERPRETERS INC

Insured / Memo	Claimant Name / Service Date(s)	Account Number	Claim Number / Loss Date	AMOUNT
TEXTURED DESIGN FURNITURE INC	11/4/2010-12/8/2011		WCCP10011880 / 6/2/2010	508.73

Invoice # 39552

PAID

BY:

CHECK TOTAL: ********$508.73

THE FACE OF THIS DOCUMENT HAS A COLORED, MULTI-TONE BACKGROUND

Bank of America 70-2328 719 IL

Star Insurance
CLAIMS ACCOUNT
P.O. BOX 5086
SOUTHFIELD, MI 48086-5086

VOID AFTER SIX MONTHS

CHECK DATE	CHECK NO.
10/12/2011	886749

CHECK AMOUNT
********$508.73

PAY TO THE ORDER OF:
JOYCE ALTMAN INTERPRETERS INC
Five hundred eight and 73 / 100 Dollars

JOYCE ALTMAN INTERPRETERS INC
P O BOX 4165
TUSTIN, CA 92781

Robert S Culclasure

VOID OVER $ 508.73

⑈00886749⑈ ⑆071923284⑆ 876551706 6⑈

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
04/23/12	37678

Claim # : 003531-016933-WC-01
W.C.A.B.:
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
GALLAGHER BASSETT (GOLD RIVER)
W.C. DEPARTMENT
ATTN: CURTIS LEE
P.O. BOX 2290
GOLD RIVER, CA 95741

Case: vs LEVY PREMIUM FOOD
Date Of Injury: 4/30/10

DOS	SERVICE	DESCRIPTION	AMOUNT
06/16/10	INITIAL EXAM	DR BOYER @ PAIN RELIEF CTR*	230.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/13/10	EMG TESTING	& NCV BY DR HERIC: L/E @ PAIN RELIEF CTR*	150.00
/ /	INTERPRETER:	AUGUSTO SALAZAR # 500286	0.00
07/15/10	INITIAL EXAM	DR TERRENCE: PSYCH EVAL (3 HRS 35 MINS)	431.25
/ /	INTERPRETER:	CLARA BONILLA # 500320	0.00
03/21/12	PENALTIES	FOR DATE OF SERVICE 6/16/10	34.50
03/21/12	INTEREST	FOR DATE OF SERVICE 6/16/10	48.12
03/21/12	PENALTIES	FOR DATE OF SERVICE 7/13/10	22.50
03/21/12	INTEREST	FOR DATE OF SERVICE 7/13/10	30.10
03/21/12	PENALTIES	FOR DATE OF SERVICE 7/15/10	64.69
03/21/12	INTEREST	FOR DATE OF SERVICE 7/15/10	86.28
04/17/12	PMT BY CHECK	DOS 6/16/10-3/21/12 # 0092905555	-1097.44

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
NOTE: Please remit total payments within 45 days of invoice date to avoid an assessed Penalty of 15% and Interest of either 10% or 7% per annum, depending on treatment or med/legal. Reference rules and regulations section 9795.4 and Labor Code Sections 4603.2, 4622 and 5811. If any payment remitted is not received in full and paid within 45 days, Joyce Altman Interpreters, Inc., demands medical reports and documentation pursuant to Title 8 Rules and Regulations 10608 (a), Names and Certifications of all interpreters utilized by Defendant in this matter for Legal and Medical services and any benefit printouts, depo transcripts and documentary evidence. MPN notices.

GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

MDG2009 00004690 1 MB 0404 1

JOYCE ALTMAN INTERPRETERS, INC.
P.O. BOX 4165
TUSTIN CA 92781-4165

GALLAGHER BASSETT SERVICES INC
FOR NATIONAL UNION FIRE

DIRECT CHECK INQUIRIES TO:
PHONE: 866-841-0167
GALLAGHER BASSETT-GOLD RIVER
P.O. BOX 2290
GOLD RIVER CA 95741-2290

CLAIM NO.: 003531 016933 WC 01 (L700)
CLAIMANT:
DESCRIPTION: INV# 37678 DOS 6/16/10 - 3/21/12

DATES OF SERVICE: 16Jun2010 **THRU** 21Mar2012
BENEFIT PERIOD: **THRU**

BRANCH NO.: 094
ACC DATE: 30Apr10

NO.: 0092905555
VN: 0000495232
DATE: 17Apr12
AMOUNT: 1097.44

PAID
APR 23 2012
BY:

**

DETACH AND RETAIN THIS STUB FOR YOUR REFERENCE

C 0004690 005380 001 001

Joyce Altman Interpreters, Inc.
P.O. BOX # 4165
Tustin, CA 92781-4165
PH: 714 838-0950 FAX: 714 832-1979
www.interpreters-ALSi.com
TAX ID# 33-0956713

*** INVOICE ***

Date	NO#
10/20/11	30180

Claim # : A9M9749
W.C.A.B.: N/A
ADJ # :
S.S.N. :
D.O.B. :
Terms : 45 days

BILL TO:
SAINT PAUL TRAVELERS (DIAM B)
W.C. DEPARTMENT
ATTN: GWYNNETH BAKER
P.O. BOX # 6510
DIAMOND BAR, CA 91765-8510

Case: vs ORVAL KENT FOOD COMPANY
Date Of Injury: 7/1/06

DOS	SERVICE	DESCRIPTION	AMOUNT
04/14/08	INITIAL EXAM	DR JUANENGO*	230.00
04/30/08	PR2/REEVAL	DR JUANENGO*	180.00
05/15/08	MRI	REF BY DR JUANENGO: LT ANKLE*	150.00
05/28/08	PR2/REEVAL	DR JUANENGO*	180.00
06/11/08	PR2/REEVAL	DR JUANENGO*	180.00
07/07/08	PR2/REEVAL	DR JUANENGO*	180.00
09/18/08	PR2/REEVAL	DR JUANENGO @ IN GOOD HANDS*	180.00
11/03/08	PSYCH TEST	PSYCHOMETRIC TESTING @ IN GOOD HANDS (3H 45M)	281.25
10/31/08	PR2/REEVAL	DR LE @ IN GOOD HANDS*	180.00
03/18/09	PENALTIES	FOR DATE OF SERVICE 04/14/08	34.50
03/18/09	INTEREST	FOR DATE OF SERVICE 04/14/08	25.94
03/18/09	PENALTIES	FOR DATE OF SERVICE 05/15/08	22.50
03/18/09	INTEREST	FOR DATE OF SERVICE 05/15/08	15.45
10/10/11	PMT BY CHECK	DOS 4/14/08-3/18/09 # 896D 79090727	-1839.64

BALANCE 0.00

* INDICATES BILLED AT A MINIMUM OF 2 HOURS
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THE TRAVELERS - DIAMOND BAR CL CLAI
WORKERS' COMPENSATION UNIT
P O BOX 6510
DIAMOND BAR CA 91765-8510

SB01421

896D 79090727

TRAVELERS

DATE: 10/10/11
TIN: 330956713
PROVIDER: JOYCE ALTMAN INTERPRETERS INC

JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

Our Customer Service Phone is 1-800-258-3710 .
Please contact us if you have any questions.

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA

EXPLANATION OF PAYMENT

Name	File Number	Dates of Service	Amount	Reference	Remarks
	152 CB AVZ3582H	02/16/11	$ 150.00		42942
	152 CB A9M3425R	10/26/10	$ 150.00		39328
	152 CB A9M9749F	04/14/08 - 03/18/09	$ 1,839.64		30180

PAID

BY:----------

Total Amount Paid $*****2139.64

283011619
DETACH CHECK

SUMM -021410
OVRPSUM2-021509
DETACH CHECK

THIS DOCUMENT HAS A RED BACKGROUND - BORDER CONTAINS MICRO PRINTING AND AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

Citibank, N.A.
One Penns Way
New Castle DE 19720

TRAVELERS
P O BOX 6510
DIAMOND BAR CA 91765-8510

896D 79090727 62-20 311

DATE	ACCOUNT NUMBER	TIN NUMBER	FILE NUMBER
10/10/11	J99	330956713	SUMMARIZED

VOID IF NOT PRESENTED WITHIN ONE YEAR AFTER DATE OF ISSUE

TWO THOUSAND ONE HUNDRED THIRTY NINE AND 64/100 ---------- PAY: $*****2139.64

PAY TO THE ORDER OF JOYCE ALTMAN INTERPRETERS INC
PO BOX 4165
TUSTIN, CA 92781-4165

002387
SB01421

Maria Olivo
AUTHORIZED SIGNATURE

⑈79090727⑈ ⑆031100209⑆ 3862289 2⑈